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(Business Entity Name)					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	07/11/2019	
Name:	Merritt Walker	
Reference #	1103618	
		ING ENGINEERS, INC.
☐ Amer ☑ Chan ☐ Reins ☐ Conve	es of Incorporation/Authorization t ndment ge of Agent statement ersion	o Transact Business
Fictiti	er Ilution/Withdrawal ous Name	
Authorized A	Amount: <u>\$35</u>	

1

Signature: ______WW

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>New York</u> in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the c	. The name of the corporation: LORING CONSULTING ENGINEERS, INC.				
2. The principal offic	ce address: No Change				
3. The mailing addre	ess (if different):				
4. Date of incorporat	tion/qualification: November 2, 1978 Document number:	841756			
	eet address of the current registered agent and registered office on file with nt of State: (If resigned, enter resigned)	the			
	CORPORATION SERVICE COMPANY				
	1201 HAYS STREET	2			
	TALLAHASSEE, FL 32301	19 19 19			
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered office	·			
С	OGENCY GLOBAL INC.	ic HV D			
1	15 North Calhoun St., Suite 4	9: 26			
Т	allahassee, FL 32301				

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Michael DesRochers CEO
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent

If signing on behalf of an entity:

Tim Mayville, Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

7/3/2019 Date