

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Durings Table Name)
	(Business Entity Name)
	(Document Number)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
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	I HORNE TOWN
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Office Use Only



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FILED 2024 SEP 10 AM 9: 10

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 09/10/24 Order #: 1608837-7

Re: HH ARCHITECTS, INC. Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of TX e or registered agent, or both, in the State of Florida.
1. The name of	the corporation: HH ARCHITEC	CTS, INC.
		E BLVD., SUITE 1100 RICHARDSON, TX 75082
3. The mailing	address (if different):	
		982 Document number: 855111
5. The name an		egistered agent and registered office on file with the
	CT CORPORATION SYSTE	M
	1200 S. PINE ISLAND ROA	D
	PLANTATION	FL 33324
6. The name and (if changed):		stered agent (if changed) and /or registered office
	Corporation Service Compar	ny . Pj
	1201 Hays Street	SE TO
		P.O. Box NOT acceptable  FL 32301
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and l be identical.	the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an officer so
/s/ Br	uce E Woody	Bruce E Woody - President
•	tre of an officer or director	Printed or typed name and title
i juriner agree l of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of the land accepting filed merely to reflect a chast been notified in writing of this Service Company	agent and agree to act in this capacity. of all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this inge in the registered office address, I hereby confirm that the s change.
By: I Ing	co Cokuble	09/05/2024
	nature of Registered Agent \	Date
If signing on be	chalf of an entity:	
Grace E. Kir	rby, Asst. Vice President	
	yped or Printed Name	<del></del>

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS P.O. BOY 6327 TALLAHASSEE, EL 22214

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