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COVER LETTER

Division of Corporations			
SUBJECT: Phillips Sekanick Architects, inc			
DOCUMENT NUMBER: F 0000002696			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Bruce Sekanick			
A A			
Phillips / Sekanick Architects, inc			
142 East Market Street Address			
Warren City/State and Zip Code			
Bruce @ philling - Sekanick, com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Bruce SeKanick at (330) 395-9518 Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact reison Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Mailing Address: Amendment Section Street Address: Amendment Section			
Division of Corporations Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Phillips Se Kanick Architects, Inc.
2. The principal office address: 142 East Market Street
Warren, Ohio 44481
3. The mailing address (if different):
4. Date of incorporation/qualification:) May 15, 2000 Document number: F00000002 696
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
17888 67th Court North P.O. Box NOT acceptable
Loxahatchee, Florida 33470
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.
Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I farther 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. Ovoif 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.
March 31, 2017
Signature of Registered Agent Date If signing on behalf of an entity:

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

<u>Leora Nealey on behalf of InCorp Services, Inc.</u>

Typed or Printed Name