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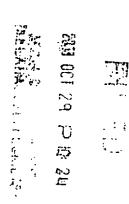
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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10/29/19--01017--004 **35.00







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 25, 2019

Order#: 020174-006

Re: LEAVITT & ASSOCIATES ENGINEERS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

statement of ch	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this bration organized under the laws of the State of <u>ID</u> Fice or registered agent, or both, in the State of Florida.
1. The name of	the corporation: LEAVITT &	ASSOCIATES ENGINEERS, INC.
		TREET SO, NAMPA, ID 83651
3. The mailing	address (if different):	
4. Date of incom	rporation/qualification: 10/2	7/2000 Document number: F00000006109
	nd street address of the curren artment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)
	REGISTERED AGENT SO	DLUTIONS, INC.
	155 OFFICE PLAZA DR S	TE A
	TALLAHASSEE, FL 3230	
6. The name an (if changed):		egistered agent (if changed) and /or registered office
	Corporation Service Comp	pany 007 2
	1201 Hays Street	P.O. Box NOT acceptable
	Tallahassee	FL 32301 SI FD
The street addr as changed wil	ress of its registered office as	nd the street address of the business office of its registered agent,
Such change wanthorized by	vas authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
	Lie E. Cionie	Jill Cilmi, Vice President
I hereby accep I further agree performance o agent. Or, if to hereby confirm Corporati	to comply with the provision of my duties, and I am familia his document is being filed mather the corporation has be on Service Company	Printed or typed name and little red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete ur with and accept the obligation of my position as registered nerely to reflect a change in the registered office address, I ven notified in writing of this change.
By: Draze Z-Kuby		10/24/2019
Signature of Registered Agent		Date
If signing on b	ehalf of an entity:	
	y, Asst. Vice President	
	Typed or Printed Name	

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