01000004274 (Page 1/03 05/14/2018 MON 11:22 **Division of Corporations**

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2589

Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please.



MAY 1.5 2018 C MCNAIR 05/14/2018 MON 11:22 FAX

2002/003

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Raymond Corporation, Consulting Engineers Name of Corporation

DOCUMENT NUMBER: _____ F01000004278

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:

Courtney Thomas Name of Contact Person

> InCorp Services, Inc. Firm/Company

3773 Howard Hughes Pkwy. - Suite 500s Address

> Las Vegas, NV 89169-8014 City/State and Zip Code

documents@incorp.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Courtney Thomas on behalf of InCorp Services, Inc.
 at () 702-866-2500

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

SECRETARY OF STAIL

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STATEMENT OF CHANGE OF BOT	REGISTERED		ED AGENT O	R	
Pursuant to the provisions of sections 607					
statement of change is submitted for a corporation organized under the laws of the State of <u>Texas</u>					
1. The name of the corporation.		on, Consulting Engineers			
z. the principal office address.	AMINA RD SUIT	FE # 101			
Magnolia	a, TX 77354				
3. The mailing address (if different):					
4. Date of incorporation/qualification:	08/09/2001	Document number:	F0100000	F01000004276	
5. The name and street address of the curr Florida Department of State: (If resigne	ent registered age	nt and registered office on fi	le with the		
ст.	CORPORATION	N SYSTEM		22	ju ¥
1200 South Pine Island Road				in H	ISIOE ROJECRI
Plantation, FL 33324				II AV	OF
6. The name and street address of the new (if changed):	registered agent ((if changed) and /or registere	d office	L.	PORPORIA
InCorp Services, inc.					
1	17888 67th Cour	rt North		A	Ϋ́́Ψ
	P.O. Box NOT act	ucptable			
L	.oxahatchee, FL	. 33470			
The street address of its registered office as changed will be identical.	and the street ad	dress of the business office	of its registered	d agent,	I
Such change was authorized by resolution authorized by the board, or the corporation	n duly adopted by on has been notifi	y its board of directors or by led in writing of the change.	an officer so		
	- r	Bill Patterson, President			
Signature of an officer of director		Philled of Types halfe a			
I hereby accept the appointment as regist I further agree to comply with the provisi performance of my dulies, ond I am famil agent. Or, if this document is being filed hereby confirm that the corporation has the	tered agent and a lons of all statute liar with and accu l merely to reflect been notified in w	igree to act in this capacity, s relative to the proper and ept the obligation of my pos i a change in the registered of writing of this change.	complete ition as registe office address,	ired I	
May 10, 20			18		
Signature of Registered Agent		Due			
If signing on behalf of an entity:					
Courtney Thomas on behalf of InCo	orp Services, In	C.			

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)