## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

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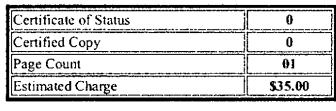
Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:	
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### REGISTERED AGENT CHANGE PARKER ENGINEERING AND MECHANICAL, INC.



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Help

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#### **COVER LETTER**

TO:

O 08/08/2018 9:18 AM

Amendment Section **Division of Corporations** 

PARKER ENGINEERING AND MECHANICAL, INC.

Name of Corporation

F01000005547

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

1701 Directors Blvd, Ste 300

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

Mailing Address:

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

⊙ 08/08/2018 9:18 AM

#### H18000231257 3

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

→ 18506176380

statement of change is subm.	itted for a corporation o	7.0502, 607.1508, or 617.1508, Floride organized under the laws of the State o egistered agent, or both, in the State oj	GEORGIA		
1. The name of the corporati	on: PARKER EN	NGINEERING AND MEC		NC.	
2. The principal office addre		30044			
3. The mailing address (if di	fferent):				
4. Date of incorporation/qua	lification: <u>10/24/2</u>	001 Document number: F01	000005547		
5. The name and street addre Florida Department of Sta		red agent and registered office on file signed)	with the		
CTC	DRPORATION	SYSTEM	2010	SIAH	
C/O CT CORPORATION SYSTEM					
1200 SO	UTH PINE ISLAND	ROAD PLANTATION, FL 3332		URE TARY OF STATE	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
Registered Agent Solutions, Inc.				<b>1</b>	
155 Offi	ce Plaza Dr., Suit	e A			
Tollohae		t NOT acceptable	_		
<del></del>	see, FL 32301		<del></del> -		
The street address of its reg as changed will be identical	istered office and the st	treet address of the business office of	its registered agent,		
Such change was authorized authorized by the board, or	I by resolution duly add the corporation has bee	opted by its board of directors or by a in notified in writing of the change.	n officer so		
/S/ Therry Farker	director	Sherry Parker	Secretary		
I hereby accept the appoint I further agree to comply w performance of my duties.	ment as registered ager ith the provisions of all and I am familiar with a	nt and agree to act in this capacity. statutes relative to the proper and cound accept the obligation of my position reflect a change in the registered officed in writing of this change.  08/08/2018	omplete on as revistered		
Signature of Register If signing on behalf of an er		Date			
Justine Karnell - Ass	sistant Secretary				
Typed or Printed !		C EEE 0.025.00 4.4.4			