Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000377705 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 Phone : (888)314-3998 Fax Number : (518)514-1288

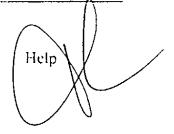
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## REGISTERED AGENT CHANGE URBAN DESIGN ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Urban Design Associates, Ltd. Name of Corporation		<del></del>
DOCUMENT NUMBER: F02000002093	_	
The enclosed Statement of Change of Registe	ered Office/Agent and fee are submitted for	filing.
Please return all correspondence concerning t	this matter to the following:	
Joe DiGaetano		
Name of Contact Person		2023 NOV -8
SPI Agent Solutions		2 3 4 T
Firm/Company		
524 S. 2nd Street Suite 505		生 . 严
Address		HASSEE
Springfield IL 62701		SEG 3
City/State and Zip Code		23 NOV -8 AM 9: 27
E-mail address: (to be used for future ann	nual report notification)	27 Ali:
For further information concerning this matte	er, please call:	
Joe DiGaetano	at (512 )309-1153 Area Code & Daytime Tel	
Name of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a \$35,00 check made payable to t	the Department of State	
Mailing Address:	Street Address:	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submuted for a corporation	17.0502, 607.1508, or 617.1508, Florida S torganized under the laws of the State of $\frac{P}{T}$ tregistered agent, or both, in the State of F	emisylvan		
I. The name of t	the corporation: Urban Design Asso	neiates, Ltd.			
	office address; 3 PPG PLACE, 3RI				_
3. The mailing a	iddress (if different):				_
4. Date of incorp	poration/qualification: 04/22/2002	Document number: F0200000	2093		_
	d street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file wit resigned)	in the		
	UNIVERSAL REGISTERED AGE	ENTS, INC.			
1317 CALIFORNIA STREET					
	TALLAHASSEE, FL 32304		S.C.	2023	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered offi	ALL AH	2023 NOV -8	er:
	SPI Agent Solutions, Inc.		SS	A	Ī
	1540 Glenway Dr		Em Co	9.	
	Tallahassee FL 32301		27		
The street addre	ess of its registered office and the be identical.	street address of the business office of its	registere	d agent	ι,
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so		
/s/ Lisa Jaras		Lisa Jaras			
I hereby accept I further agree to of my duties, an document is bei	to comply with the provisions of a ad I am familiar with and accept t	Printed or typed name and title tent and agree to act in this capacity. It statutes relative to the proper and com- he obligation of my position as registered e in the registered office address, I hereb- hange.	plete perfe agent. O	r. if th	is
Sound	na Inici	10/30/2023			
Sign	nature of Registered Agent	Date	-		
	half of an entity:				
	esident SPI Agent Solutions, Inc.				

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