F6200000139

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

Office Use Only



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07/15/15--01027--011 **35.00



JUL 1 6 2015

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: July 13, 2015

Order#: 653901-010

Re: SKA CONSULTING 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: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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	e provisions of sections 607.0502, 61 nange is submitted for a corporation der to change its registered office or .	organized under the le	aws of the State of Noi	rth Carolina
	the corporation: SKA CONSULTIN		•	iuu.
	al office address: 300 Pomona Drive	e, Greensboro, NC 27	407	
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 05/15/2002	Document	number: F020000024	429
	nd street address of the current register artment of State: (If resigned, enter re		red office on file with the	he
	C T Corporation System			
•	1200 South Pine Island Road			
	Plantation	FL	33324	<u></u>
6. The name an (if changed):	d street address of the new registered	d agent (if changed) ar	nd /or registered office	
	Corporation Service Company			
	1201 Hays Street			်ပြု ယု (၃) လ
		x NOT acceptable		3× 10
	Tallahassee	FL.	32301	
The street addrass changed will	ess of its registered office and the s I be identical.	treet address of the bu	isiness office of its reg	istered agent,
Such change was authorized by the	as authorized by resolution duly adhe board, or the corporation has been	opted by its board of a	directors or by an offic of the change.	er so
Caule	S/Chullen	Carole L.	Vaughan - Trea	surer
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporatio	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a list document is being filed merely to that the corporation has been notified to Company		ed or typed name and title this capacity, se proper and complete ion of my position as r he registered office add change.	; registered dress, I
By: Arguin	nature of Registered Agent	July 13,		
_	chalf of an entity:		Date	
-	t, Asst. Vice President			
	yped or Printed Name			
	* * * FII IN/] FFE: \$35.00 * * *		

IJ

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)