Division of Corporations **Electronic Filing Cover Sheet**

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(((H22000133399 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (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 HATCH ASSOCIATES CONSULTANTS, INC.

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A. RAMSEY APR 14 2022

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COVER LETTER

COVERLETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Hatch Associates C	onsultants, Inc.
Name of Corporation	
DOCUMENT NUMBER: F020000061	180
The enclosed Statement of Change of Registered Off	nce/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Mary Castillo	
Name of Contact Person	A
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	e call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Numbe
Name of Contact Person	Area Code & Daytime Telephone Numbe

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

15129570210

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpor ir to change its registered offic	ation organized	d under the la	ws of the State o	/ New York
L. The name of t	the corporation: Hatch Ass	sociates Co	nsultants,	Inc.	
2. The principal	office address: GATEWA	Y VIEW PL	AZA 1600	WEST CAI	RSON STREET
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 12/1:	2/2002	Document	number: F020	00006180
	d street address of the current rtment of State: (If resigned, e		at and registere	ed office on file	with the
	C T CORPORAT	ION SYS	TEM		<i>و</i> ہ
	1200 SOUTH PINE ISLAND ROAD				102 t
	PLANTATION		FL	33324	EC ASSESSED
6. The name and (if changed):	d street address of the new reg			d/or registered	
	Registered Agent	Solutions	, Inc.		
	155 Office Plaza [Or.	Suite A		
	Tallahassee	P.O. Box NO	OT acceptable 3230	1	·
The street address changed will	ess of its registered office an l be identical.	d the street add	dress of the bu	usiness office of	f its registered agent,
Such change was authorized by the	as authorized by resolution d he board, or the corporation	luly adopted by has been notifi	y its board of ed in writing	directors or by a of the change.	an officer so
	Biancofiore	S	andra Bian		Assistant Secretary
I hereby accept I further agree of my duties, ar document is be	in of an officer of drector t the appointment as registers to comply with the provision and I am familiar with and acc ing filed merely to reflect a c s been notified in writing of i	s of all statute cept the obliga hange in the r	gree to act in	he proper and c	omplete performance
Hod	mature of Registered Agent		04/12/202	2 Date	
	chalf of an entity:				
	, Assistant Secretary				
	Typed or Printed Name				
	***1	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 (04/13)