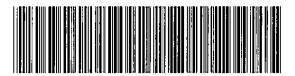


(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

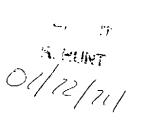
Office Use Only



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COVER LETTER

11 1

TO: Amendment Section Division of Corporations					
SUBJECT: The Consulting Engineers Group Name of Corporation	o, Inc. of Illinois				
DOCUMENT NUMBER: F04000003562					
The enclosed Statement of Change of Reg	istered-Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning	ng this matter to the following:				
Kristen Bloss					
Name of Contact Person					
The Consulting Engineers Group, Inc. of Illino	ois 🔀				
Firm/Company					
601 W Golf Road, Second Floor					
Address					
Mount Prospect, IL 60056					
City/State and Zip Code					
illinois@cegengineers.	com mor				
E-mail address: (to be used for future a	com SEE TATE 3.22 AM 7: 03				
For further information concerning this ma	atter, please call:				
Kristen Bloss	at (321) 275-0580 x 124 Area Code & Daytime Telephone Number				
Name of Contact Person					
Enclosed is a \$35.00 check made payable	to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314 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	provisions of sections 607.0502, 6 inge is submitted for a corporation r to change its registered office or	i organized un	der the laws of the	e State of Illinois	;	
1. The name of t	the corporation: The Consulting En	ngineers Group.	Inc. of Illinois			
	office address: 601 W Golf Road, S			60056		
	ddress (if different):					
4. Date of incorp	poration/qualification: 06/23/2004		Ocument number:	F04000003562		
	I street address of the current regis tment of State: (If resigned, enter t	_	d registered office	on file with the		
	Christopher Ray					
	317 Wekiva Springs Road, Suite 20	00				
	Longwood, FL 32779				2671	
6. The name and (if changed):	street address of the new registere	ed agent (if ch	anged) and /or reg	distered office	2074 FT 3 22 AM	r 5 •
	317 Wekiya Springs Road, Suite 20	()()		To The state of th	4 7: 03	C.
		PO Box NOT acc	reptable	—— C ATE	03	
The street addre as changed will	ess of its registered office and the be identical.	street address	of the business of	office of its regi	stered a	igent.
Such change wa authorized by th	is authorized by resolution duly a be board, or the corporation has be	dopted by its een notified ii	board of directors writing of the ch	s or by an office hange. $ \sqrt{D/\alpha} $	er so	
Nignatur	an other or director		Printed or types	d name and title		
I further agree I of my duties, an document is hei	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co	ill statutes rel he obligation e in the regisi	to act in this cap ative to the prope of my position as ered office addre.	acity, r and complete registered ager ss, I hereby con	perfori it. Or firm th	mance if this at the
1 wife	Autin	01/23	3/2024			
-	nature of Registered Agent		Da	.te		_
It signing on be	half of an entity;					
Paul C. Arthur	and or Denta i Nama	-				
17	ped or Printed Name					

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314

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