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CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 576678 8104888				
AUTHORIZATION: Symmetic man				
COST LIMIT : \$ 35.00				
ORDER DATE: March 13, 2023				
ORDER TIME : 9:20 AM				
ORDER NO. : 576678-213				
CUSTOMER NO: 8104888				
CHANGE OF AGENT				
NAME: NV5 PLANNING & DESIGN, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland-sorenson				

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Si n organized under the laws of the State of N registered agent, or both, in the State of Fl	// // // // // // // // // // // // //
1. The name of t	the corporation: NV5 PLANNING	& DESIGN, INC.	
2. The principal	office address: 200 Brickstone S	quare, 2nd Floor, Suite 201, Andover, MA	. 01810
3. The mailing a	ddress (if different): 200 South F	Park Road, Suite 350, Hollywood, FL 3302	21
4. Date of incorp	ooration/qualification: 07/30/200	Document number: F040000	104416
	I street address of the current regis timent of State: (If resigned, enter	stered agent and registered office on file wit resigned)	h the
	Legalinc Corporate Services In-	с.	
	476 Riverside Ave.		2023
	Jacksonville, FL 32202		2023 HAR
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered offi	ce on t
	Corporation Service Company		A 10: 4
	1201 Hays Street		T会 -
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
		street address of the business office of its	
Such change was authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an cleen notified in writing of the change.	officer so
Xiel	e agui	Jill Cilmi, Vice President	
l further agree i of my duties, an document is bei corporation has	the appointment as registered as	Printed or typed name and little gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered be in the registered office address, I hereby thange.	plete performance
Bv: Cla	mlei	03/10/2023	
Sig	nature of Registered Agent	Date	
lf signing on be	half of an entity:		
	, Asst. Vice President	-	
T	yped or Printed Name		

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