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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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## REGISTERED AGENT CHANGE DALE PARTNERS ARCHITECTS P.A.

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A. BUTLER

AUG 17 2022

TO:

## **COVER LETTER**

Amendment Section

**Division of Corporations** Dale Partners Architects P.A. Name of Corporation F05000004036 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Castillo Name of Contact Person 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 report notification) For further information concerning this matter, please call: Mary Castillo 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
Tallahassee, FL 32314

Street Address:

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	provisions of sections 607.0502, 61 nge is submitted for a corporation o r to change its registered office or r	organized under the lav	vs of the State of	r Mississippi		
1. The name of t	the corporation: Dale Partners	Architects P.A.	F0.400 F. CA	DITOL CIDELL		
	office address: ONE JACKSON N, MS 39201	IPLACE, SUITE 2	50 188 E. CA	MITOL STREET		
3. The mailing a	iddress (if different):		· · · · · · · · · · · · · · · · · · ·			
4. Date of incorp	poration/qualification: 7/8/2005	Document	number: F050	00004036		
	i street address of the current register tment of State: (If resigned, enter re		d office on file v	with the		
	CT Corporation					
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL	33324			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.						
	155 Office Plaza Dr.	Suite A		2922 AUG 16		
	Tallahassee	FL 3230	1	- 0F S		
The street address changed will	ess of its registered office and the s be identical.	street address of the bu	siness office of	its registered agent.		
Such change wa authorized by the	as authorized by resolution duly ac he board, or the corporation has be	dopted by its board of een notified in writing	directors or by a of the change.	n officer so		
1st leigh Jan	unsen	Leigh Jauns		President		
I hereby accept I further agree of my duties, an document is bei	the appointment as registered age to comply with the provisions of a nd I an familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in Il statutes relative to the e obligation of my pose in the registered offic	ne proper and co sition as register se address, I her	omplete performance red agent. Or, if this		
	mature of Registered Agent		Date			
If signing on be	chalf of an entity:					
Mackenzie Hart,	, Assistant Secretary					
1	Typed or Printed Name					
	* * * FILIN	IG FEE: \$35.00 * * *				