

FL6 000004839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

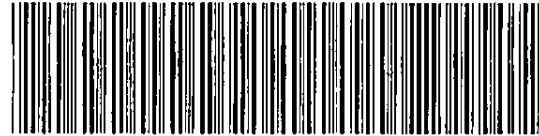
(Document Number)

Number of Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500400726595



2023 JAN 18 AM 11:23

JP 26

2023 JAN 18 AM 9:24

2023 JAN 18 AM 9:24

2023 JAN 18 AM 9:24

A. BUTLER

JAN 19 2023

JAN 19 2023

A. BUTLER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 383542 8106434

AUTHORIZATION :

COST LIMIT : \$735.00

ORDER DATE : January 17, 2023

ORDER TIME : 9:13 AM

ORDER NO. : 383542-005

CUSTOMER NO: 8106434

CHANGE OF AGENT

NAME: PTA ENGINEERING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PTA Engineering, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000004839

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:

Matthew J. Sejba, PE

Name of Contact Person

PTA Engineering, Inc.

Firm/Company

275 Springside Drive, Suite 300

Address

Akron, OH 44333

City/State and Zip Code

msejba@ptaengineering.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Pullella

Name of Contact Person

at (330) 666-3702

Area Code & Daytime Telephone Number

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PTA Engineering, Inc.
2. The principal office address: 275 Springside Drive, Suite 300, Akron, OH 44333
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/24/06 Document number: F06000004839
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Matthew J. Sejba 1/17/2023
Signature of an officer or director

Matthew J. Sejba, Treasurer

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By Alexis Weibull assistant vice president
Signature of Registered Agent

01/18/2023

Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * 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)