Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*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 DAVINCI ENGINEERING, INC. OF CALIFORNIA

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu

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

	•	9502, 607.1508, or 617.1508, Florida Stat ganized under the laws of the State of <mark>U</mark> tal		
•		gistered agent, or both, in the State of Flor		
1. The name of	the corporation: DAVINCI ENGIN	EERING, INC. OF CALIFORNIA		
2. The principal	office address: 191 S House Roc	k Dr		
Cedar City U				
3. The mailing a	address (if different): 191 S House	Rock Dr. Cedar City Utah 84720		
		Document number: F0800000	2685	
	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file with t gned)	the	
	CORPORATION SERVICE	CE COMPANY	202	
1201 HAYS STREET			2023 FEB - 7 P	
	TALLAHASSEE, FL 3230	)1-2525	AHASSEI	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Northwest Registered Ag	ent LLC	C C	
7901 4th St N STE 300				
	St. Petersburg FL 33702	Box NOF acceptable		
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its re	egistered agent,	
		nted by its board of directors or by an off notified in writing of the change.	icer so	
Simon Letand		Simon Leland		
-	re of an officer or director	Printed or typed name and title		
l further agree i of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan	tatutes relative to the proper and comple obligation of my position as registered as the registered office address, I hereby c	rte performance yent. Or, if this onfirm that the	
7+ N-		February 7, 2023		
Sig	mature of Registered Agent	Date		
lf signing on be	chalf of an entity:			
Taylor New	vman			
T	yped 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)