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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE SCHNACKEL ENGINEERS, INC

Certificate of Status	0
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Help

COVER LETTER

TO:

Amendment Section Division of Corporations

Schnackel Engineers, Inc.

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:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of c	te provisions of sections 607.0502, 617.050 hange is submitted for a corporation orga der to change its registered office or regis.	nized under the la	nvs of the State of	Nebraska
	of the corporation: Schnackel Eng			
	al office address: 3035 \$ 72ND \$		AHA, NE	68124
3. The mailing	g address (if different):			
4. Date of ince	orporation/qualification: 11/24/200	8 Document	number: F080	00005043
	and street address of the current registered partment of State: (If resigned, enter resign C T CORPORATIOI	ed)		vith the
	1200 SOUTH PINE ISLAND RO	DAD		22
	PLANTATION	FL	33324	APR 10
6. The name a (if changed	and street address of the new registered ago):	ent (if changed) ar	nd /or registered o	ffice Sign O
	Registered Agent Solutions,	Inc.		- (3
	155 Office Plaza Dr., Suite A	\		
	P.O. Box NO Tallahassee, FL 32301	T acceptable		-
The street add as changed w	tress of its registered office and the street ill be identical.	address of the bu	isiness office of i	ts registered agent,
Such change authorized by	was authorized by resolution duly adopted the board, or the corporation has been no	d by its board of o otified in writing o	directors or by an of the change.	officer so
1s1 Grege	ory R. Schnackel	Gregory F	R. Schnacke	el President
I hereby acce I further agre performance agent. Or, if	pt the appointment as registered agent an e to comply with the provisions of all stat of my duties, and I am familiar with and a this document is being filed merely to ref m that the corporation has been notified	nd agree to act in tutes relative to th accept the obligat lect a change in t in writing of this c	this capacity ne proper and con ion of my position he registered offic change.	mplete n as registered
	Signature of Registered Agent	04/09/20	19 Date	
	behalf of an entity:			
Justine Ka	rnell - Assistant Secretary			
	Typed or Printed Name * * FILING FE	E: \$35.00 * * *		