F0900001711

(Requestor's Name)					
(Address)					
(Address)	_				
(City/State/Zip/Phone #)					
P!CK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:	\neg				

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10/28/13--01029--022 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

C. LEWIS NOV 4 2013 EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Mcbride ahudson@cscinfo.com

Date: October 24, 2013

Order#: 848219-015

Re: M S BENBOW AND ASSOCIATES PROFESSIONAL ENGINEERING

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: April Mcbride c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	inge is submitted for a corpe	9502, 617.0502, 607.1508, or 6 oration organized under the la fice or registered agent, or bo	ws of the State of	Louisiana
1. The name of	the corporation: M S BENBOW	/ AND ASSOCIATES PROFESSION	AL ENGINEERING CO	PORATION
2. The principal	office address: 2450 Sever	n Ave Suite 400, Metairie LA	70001	
3. The mailing a	ddress (if different): PO Bo	x 836 Metairie LA 70001		
4. Date of incorp	poration/qualification: 04/2	7/2009 Document	number: F090000	001711
	I street address of the curren tment of State: (If resigned,	nt registered agent and register enter resigned)	ed office on file w	ith the
	CT Corporation System			
	1200 South Pine Island Ro	pad		₹
	Plantation	FL	33324	SECRE SECRE
6. The name and (if changed):	street address of the new re	egistered agent (if changed) an	d/or registered of	fice ASSEC
	Corporation Service Comp	pany		OF STATE
	1201 Hays Street			<u> </u>
	Tallahassee	P.O. Box NOT acceptable	32301	-
The street addre	ss of its registered office ar be identical.	nd the street address of the bu	siness office of its	s registered agent,
Such change wa authorized by th	s authorized by resolution of board, or the corporation	duly adopted by its board of a has been notified in writing o	lirectors or by an of the change.	officer so
- GORR	cho(C)	Kelly A. Huben		Secretary
I hereby accept I further agree to performance of agent. Or, if this hereby confirms	o comply with the provision my duties, and I am familia	red agent and agree to act in ns of all statutes relative to th ir with and accept the obligat ierely to reflect a change in th en notified in writing of this c	e proper and com	plete as registered
Open the	OSUN nature of Registered Agent	10	124/13	TF-1807-818-848-848-8-8-8-8-8-8-8-8-8-8-8-8-8-8
•	nalf of an entity:		Date	
April Hudson, A	sst. VP			
Ту	ped or Printed Name			

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