Division of Corporations **Electronic Filing Cover Sheet**

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(((H22000316426 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

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

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REGISTERED AGENT CHANGE JBA CONSULTING ENGINEERS, INC.

	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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To: 18506176380 From: 12147128131 Date: 09/13/22 Time: 4:02 PM Page: 02/02

(((H22000316426 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	nnized under the laws of the State of _	NV	
1. The name of	the corporation: JBA CONSULTING EN	GINEERS, INC.		
2. The principal	office address: 200 South Park Road Sui	ite 350, Hollywood, FL 33021		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 05/01/2009	Document number: F0900000)1802	
	d street address of the current registered runent of State: (If resigned, enter resign		th the	
	CORPORATION SERVICE COMPANY	(
	1201 HAYS ST		2022	
	TALLAHASSEE, FL 32301		ין רראון ארראון (1705 SEb	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered off	Fice SE	7
	LEGALINC CORPORATE SERVICES	INC.	8:17 E.FL	تلحصه
	476 Riverside Ave		· F 7	
	P.O B Jacksonville, FL, 32202	ox NOT acceptable	_	
The street addresses changed will	ess of its registered office and the stree	t address of the business office of it	s registered agent,	
Such change wa authorized by I	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an otified in writing of the change.	officer so	
		Richard Tong, Co-Secretary		
Signatu	re of an officer or director	Frinted or typed name and tit	tle	
l furthër agrée : of my dutiës, an document is bei	the appointment as registered agent a to comply with the provisions of all stand I am familiar with and accept the obing filed merely to reflect a change in to been notified in writing of this change.	itutes relative to the proper and com ligation of my position as registered he registered office address, I hereb	aplete performance d agent. Or, if this by confirm that the	
6/10	· Ho	09/08/2022		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Erik Treutlein				
T	yped or Frinted Name			
	* * * FILING F	EE: \$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)