

FO900000 2983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

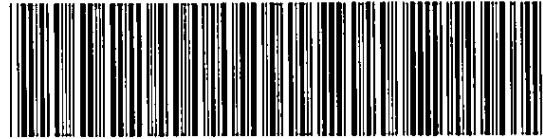
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 22 PM 4:24

CLERK OF STATE
TALLAHASSEE, FL

TQ 10/20/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Buro Happold Consulting Engineers, P.C.
Name of Corporation

DOCUMENT NUMBER: F09000002983

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:

Phoenix Collins
Name of Contact Person

LicenseSure LLC
Firm/Company

801 Second Ave. Floor 15
Address

New York, NY 10017
City/State and Zip Code

pharris@licensesure.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phoenix Collins at (844) 554-2367
Name of Contact Person 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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Buro Happold Consulting Engineers, P.C.
2. The principal office address: 100 Broadway, 23rd Floor
New York, NY 10005
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/24/2009 Document number: F09000002983
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)

LicenseSure LLC

75 N Woodward Avenue #85007

Tallahassee, FL 32313

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

c/o Patricia A. Harris Esq.

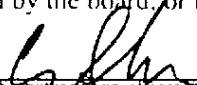
1400 Village Square Blvd #3-85007

P.O. Box NOT acceptable

Tallahassee, FL 32312

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

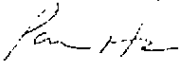
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Craig Schwitter, Principal

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.


Signature of Registered Agent

9/18/2020

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)

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SECRETARY OF STATE
TALLAHASSEE, FL

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