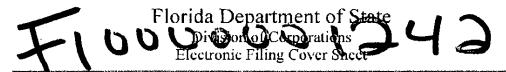
3/7/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000063293 3)))



H170000632933ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this	page
Doing so will generate another cover sheet.	157

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (614)280-3338 : (954)208-0845

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

 Address:		

## REGISTERED AGENT CHANGE NOVUS ARCHITECTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

	nent Section n of Corporations				
	VUS ARCHITECTS, INC.				
	Name of Cor	poration			
DOCUMENT I	F10000001242				
The enclosed St	atement of Change of Registered Office/	Agent and fee are submitted for filing.			
Please return all	correspondence concerning this matter (	to the following:			
	Marcus Bryant				
	Name of Cont.	act Person			
	NOVUS ARCHITECTS, INC.				
	Firm/Con	npany			
	PO Box 1005				
	Addre	SS			
	Mt Pleasant, SC 29465-1005				
	City/State and	Zip Code			
	marcus.bryant@novusa.com				
	E-mail address: (to be used for fut	ture annual report notification)			
For further info	nnation concerning this matter, please ca	M:			
Marcus Bryant		843 284-0201 at ( )			
j	Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$3	15.00 check made payable to the Departm	ment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cl	hange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of South Carolina or registered agent, or both, in the State of Florida.				
	f the corporation: NOVUS ARCHIT					
2. The principal office address: 900 JOHNNIE DODDS BLVD SUITE 200 MOUNT PLEASANT, SC 29464						
3. The mailing	address (if different):					
4. Date of inco	orporation/qualification: 03/11/2010	Document number: F10000001242				
	nd street address of the current regi artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)				
	SMITH, THOMAS N	2017				
	3520 THOMASVILLE ROAD 41	TH FLOOR TALLAHASSEE, FL 32309				
6. The name as (if changed)		red agent (if changed) and /or registered office				
	C T Corporation System					
	c/o C T Corporation System, 1200					
	P.O. Plantation, Florida 33324	Box NOT acceptable				
The street add as changed will	ress of its registered office and the	e street address of the business office of its registered agent,				
Such change wauthorized by	yas authorized by resolution duly a	edupted by its board of directors or by an officer so been notified in writing of the change.				
Signal	tore of an officer of director	Printed or typed name and tills				
I hereby accep I further agree performance o agent. Or, if it hereby confirm	of the appointment as registered as to comply with the provisions of if my duties, and I am familiar with his document is being filed merely in that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and complete It and accept the obligation of my position as registered It to reflect a change in the registered office address, I utfled in writing of this change.				
C T Co	rporation System	03/03/2017				
Si	gneture of Registered Agent	Date				
If signing on b	ehalf of an entity:					
Jenifer Vincent		_				
•	Typed or Printed Name *** PILI	NG FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)