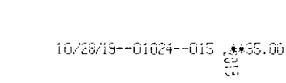


(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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RAROCH8

NOV 25 2019 I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: October 24, 2019

Order#: 014730-007

Re: NOVUS ARCHITECTS, INC.

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: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive 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 ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Flo. in organized under the laws of the Stat ir registered agent, or both, in the Stat	e of South Carolina
1. The name of	the corporation: NOVUS ARCHIT	ECTS, INC.	
2. The principa	office address: 900 JOHNNIE Do	ODDS BLVD. SUITE 200 MOUNT PL	EASANT, SC 29464
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 03/11/201	0 Document number: F10	000001242
	ed street address of the current reginatement of State: (If resigned, enter	stered agent and registered office on fi resigned)	le with the
	CT CORPORATION SYSTEM		~;
	1200 SOUTH PINE ISLAND RO	DAD	
	PLANTATION	FL 33324	
6. The name an (if changed):	_	red agent (if changed) and /or registere	ed office
	Corporation Service Company		
	1201 Hays Street		
	P.O. Tallahassee	Box NOT acceptable FL 32301	
	1 diidiid5566	1	
		e street address of the business office	
Such change wanthorized by t	es authorized by resolution duly in the board, of the corporation has been appropriately to the corporation has been appropriately to the corporation has been appropriately to the corporation and the corporation has been appropriately to the corporation and the corporation are the corporation are the corporation and the corporation are the corp	ndopted by its board of directors or by been notified in writing of the change	y an officer so
		Debra M. Chitwood,	Vice President
I hereby accep I further agree performance o agent. Or, if the hereby confirm	to comply with the provisions of f my duties, and I am familiar wit	Printed or typed name or gent and agree to act in this capacity, all statutes relative to the proper and hand accept the obligation of my posy to reflect a change in the registered of this change.	complete ition as registered
By In	n Color Colingary	10/16/2019	
	gnature of Registered Agent	Date	
If signing on b	chalf of an entity:		
Grace E. Kirby	, Asst. Vice President		
	Typed or Printed Name	-	

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