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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone

: (888)705-7274

Fax Number

: (888)706-7274

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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TO:		ndment Sesion of Co		ns		
SUBJI Name (ECT:_ of Cor	PETER P	ENNOYI	ER ARCH	IITECTS	D.P.C.

DOCUMENT NUMBER:_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

F12000002287

Lori Whalen	
Name of Contact Person	
Registered Agent Solutions, Inc.	₹1.7
Firm/Company	المستوا
5301 Southwest Pkwy Suite 400	بخوا
Address	~ <u>* * * * * * * * * * * * * * * * * * *</u>
Austin, Texas 78735	SSE SSE
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	,
For further information concerning this matter, please call:	

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

Name of Contact Person

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

CR2E045 (04/13)

Lori Whalen

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

statement of cha	mge is submitted	ctions 607.0502, 617.0 I for a corporation org egistered office or reg	ganized under the law	s of the State of N	ew York
L. The name of t	the corporation:	PETER PENNOYER	ARCHITECTS D.P.C.		
PETER PENNOYER ARCHITECTS D.P.C. 2. The principal office address: 136 Madison Avenue 11th Floor NEW YORK, NY 10016					
3. The mailing a	ddress (if differ	ent):			
4. Date of incorp	poration/qualific	ation: 05/30/2012	Document n	umber:F1200000	2287
5. The name and	l street address o	of the current registere If resigned, enter resigned	d agent and registered		
	TRAC - THE	REGISTERED AGENT	COMPANY		
	236 E.6th Ave	nue			
	Tallahassee, FL	. 32303			
6. The name and (if changed):	street address o	f the new registered a	gent (if changed) and	/or registered offic	2023 DEC -4
	Registered Ager	nt Solutions, Inc.			-4 A
	2894 Remingtor	Green Ln. Ste. A		- 	SSE
		PO	Box NOT acceptable		<u> </u>
	Tallahassee, FL	32308			26 26
The street addre	ss of its register be identical.	red office and the stre	et address of the bus	iness office of its t	registered agent,
Such change wa authorized by th	s authorized by e board, or the	resolution duly adop corporation has been	ted by its board of di notified in writing of	rectors or by an of the change.	ficer so
st Juctyn W	right		Jaclyn Wright, A	uthorized Person	
Signatur	e of an officer or dire	clor	Printed	or typed name and lifle	
f juriner agree it of my duties, and locument is beir	o comply with the Lam familiar 19 filed merely t	t as registered agent he provisions of all st with and accept the o o reflect a change in writing of this chang	atutes relative to the bligation of my posit the registered office	nis capacity, proper and compo non as registered a address, I hereby	lete performance igent. Or, if this confirm that the
Hoc	bangu Ht ature of Registered A	-	12/4/2023		
Sign	ature of Registered A	gent		Date	
f signing on bel	nalf of an entity	:			
Mackenzie Hart, z	Assistant Secreta	гу			
Γv	ned or Printed Name				

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