

F12000 00A 191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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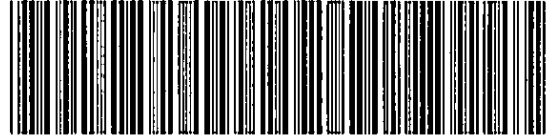
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sigma Engineers and Constructors, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F12000004191

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:

Nancy Peppers  
Name of Contact Person  
Sigma Engineers and Constructors, Inc.  
Firm/Company  
11585 Lake Sherwood Ave. North  
Address  
Baton Rouge, LA 70816  
City/State and Zip Code  
nancy.peppers@sigmaecc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Peppers  
Name of Contact Person at ( 225 ) 227-2626  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Louisiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sigma Engineers and Constructors, Inc.
2. The principal office address: 11585 LAKE SHERWOOD AVE. NORTH BATON ROUGE, LA 70816
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/15/2012 Document number: F12000004191

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)

PIPES, BARRY

2452 SE RICHMOND STREET

PORT ST LUCIE, FL 34952

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

C T Corporation System

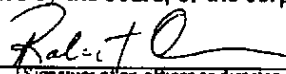
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Robert B. Olivier CEO/President

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.*

C T Corporation System

By:   
Signature of Registered Agent

11/01/2019

Date

Lindsay Plummer, Assistant Secretary  
If signing on behalf of an entity:

Robert B. Olivier CEO/PRESIDENT  
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 (03/12)