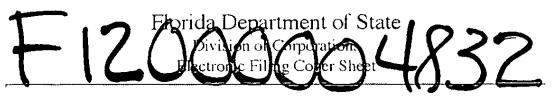
Division of Corporations



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(((H22000244201 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011

Phone : (844)386-0178 Fax Number : (214)317-4754

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

..Rmail Address:_

REGISTERED AGENT CHANGE BOWMAN CONSULTING GROUP, LTD., INC.

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

statement of cha	- ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida ition organized under the laws of the State of e or registered agent, or both, in the State of	f DE	_
1. The name of	the corporation. BOWMAN CO	ONSULTING GROUP, LTD., INC.		
2. The principal	office address: 12355 Sunrise \	Valley Drive, Suite 520, Reston, VA, US. 2019	1	- -
3. The mailing a	address (if different):			_
4. Date of incom	poration/qualification: 11/30/20	Document number: F12000	0004832	_
	d street address of the current re runent of State: (If resigned, en	egistered agent and registered office on file vater resigned)	with the	
	CORPORATION SERVICE C	OMPANY		
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301-2	525	<u></u>	
6. The name and (if changed):	d street address of the new regin	stered agent (if changed) and /or registered of	2022 JUL 19 SECRETAR TALLAH	
	5237 SUMMERLIN COMMONS BLVD, SUITE 400			۷ ۲ سست سست
	P.O. Box NOT acceptable		_ \	;
	FORT MYERS, FL, 33907		- RE 9 - P 9 - P 9	
The street addre	ess of its registered office and be identical.	the street address of the business office of		ıt,
Such change wa authorized by th	as authorized by resolution du he board, or the corporation ha	ily adopted by its board of directors or by a as been notified in writing of the change.	in officer so	
est a	4	Robert A. Hickey, Secretary		
Signatu	re of an officer or director	Printed or typed name and	Title	-
of my duties, an document is bei	the appointment as registered to comply with the provisions and I am familiar with and acceing filed merely to reflect a chis been notified in writing of the	d agent and agree to act in this capacity, of all statutes relative to the proper and capet the obligation of my position as register ange in the registered office address, I here hange.	omplete performan red agent. Or, if th eby confirm that th	ce iis ie
Ul	den Velen	07/18/2022		
Sig	mature of Registered Agent	Date		•
lf signing on be	chalf of an entity:			
Wesley Dolan				
T	yped or Printed Name			
	* * * FI	ILING 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)