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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 576678 8104888							
AUTHORIZATION Syrindersen							
COST LIMIT : \$35.00							
ORDER DATE: March 13, 2023							
ORDER TIME : 9:20 AM							
ORDER NO. : 576678-201							
CUSTOMER NO: 8104888							
CHANGE OF AGENT							
NAME: NV5 GLOBAL, INC.							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland-sorenson							

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections (nge is submitted for a r to change its register	corporation orga	nized under the law	s of the State of _	Delaware	
1. The name of t	he corporation: NV5	GLOBAL, INC.				
2. The principal	office address: 200 S	outh Park Road,	Suite 350, Hollywo	ood, FL 33021		
3. The mailing a	ddress (if different): _					
4. Date of incorp	oration/qualification:	11/13/2013	Document n	umber: F13000	004975	
5. The name and	street address of the c tment of State: (If resi	urrent registered	agent and registered ed)	d office on file wi		20
	Legalinc Corporate	Services Inc.				" 2023 HAR
	476 Riverside Ave.				:	AR 15
	Jacksonville, FL 32	202			7	
6. The name and (if changed):	street address of the r		ent (if changed) and	l /or registered of l	fice	h h : OI HV
	1201 Hays Street					
		P.O. Bo	x NOT acceptable	_	-	
	Tallahassee	<u></u>	FL	32301	_	
	ss of its registered of be identical.					d agent,
Such change was authorized by the	is authorized by resolute board, or the corpor	ation duly adopte ration has been n	d by its board of dotified in writing o	rectors or by an fithe change.	officer so	
Xel		L	Jill Cilmi, Vice			
I hereby occept I further agree t of my duties, an document is beil corporation has	e of an officer of director the appointment as re o comply with the pro d I am familiar with a ng filed merely to refl been notified in writi n, Service Compan	ind accept the oo ect a change in th ing of this change	nd agree to act in t tutes relative to the ligation of my posi he registered office	ed or typed name and to this capacity, e proper and com tion as registered e address, I hereb	anlata narfa	ormance r, if this that the
By: Cla	, m Ley	<i>,</i>	03/10/2023			
Sigi	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	, Asst. Vice President	<u>. </u>				
Ty	ped or Printed Name					

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