F1400005306					
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DATE: 5/4/15

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NAME: HMFH ARCHITECTS, INC

TYPE OF FILING: CHANGE OF AGENT

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COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

1. The name of	f the corporation: HMFH ARCHITECTS, INC.				
• -	l office address: Bishop Allen Drive	Cambridge	MA	02139	
-	address (if different): 0 Bishop Allen Drive	Cambridge	MA	02139	
4. Date of incorporation/qualification:December 16, 2014 Document number:			F14000005306		
Florida Department of State: (If resigned, enter resigned) CT Corporation System 1200 South Pine Island Road			-		
	Plantation, F	FL 33324		SECRE VISION	
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			ffice		
	National Corporate Res	earch, Ltd., Inc.	_	9. J.	
	155 Office Plaza Drive				

155 Office Plaza Drive

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

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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.

Date

Signature of Registered Agent

If signing on behalf of an entity:

Sean Honan, Assistant Secretary

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)