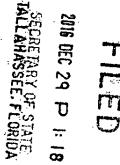
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236 East 6th Avenue. Tallahassee, Florida 32303

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	WALK IN PICK UP: 2/29	
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Z	РНОТОСОРУ	
	/ CUS	
J	FILING KA (hange	
1.	EC4B Engineering, P.C., P.A.	
	(CORPORATE NAME AND DOCUMENT #)	
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INSTR	UCTIONS:	

COVER LETTER

	ision of Corporations	
SUBJECT:	EC4B ENGINEERING, P.C., F	
	ramo o	orporation
DOCUME	NT NUMBER: 45-1561139	
The enclose	d Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please retur	n all correspondence concerning this matte	r to the following:
		J
	DAVID B KE Name of Co	EELEY
	Name of Co	ntact Person
	EC4B Engi	neering, P.C.
	Firm/Co	
	15 SCHOEN P	L STE 300 ress
	PITTSFORD,	NY 14534
	City/State ar	nd Zip Code
	dkeeley@ec	4b.com
	E-mail address: (to be used for f	
For further i	information concerning this matter, please	cali:
DAVID F	3 KEELEY	
	Name of Contact Person	at (585) 641 - 7121 Area Code & Daytime Telephone Number
	ages to a super particle of the super particle of the super	and a security deplayers to a Marketing to the destruction of the security of
Enclosed is	a \$35.00 check made payable to the Depart	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change is submitted f	for a corporation organized under the laws of the State of NY
	gistered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	
2. The principal office address:	15 SCHOEN PL STE 300, PITTSFORD, NY 14534
3. The mailing address (if differen	nt):
4. Date of incorporation/qualificat	ntion; 12/22/2014 Document number: F14000005425
5. The name and street address of Florida Department of State: (If	the current registered agent and registered office on file with the fresigned, enter resigned)
CORPORA	ATION SERVICE COMPANY
1201 HA	YS STREET
TALLAH	HASSEE, FL 32301-2525
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office
NRAI	l Services, Inc.
1200	O South Pine Island Road
	P.O. Box NOT acceptable
Plan	ntation, FL 33324
The street address of its registered as changed will be identical.	ed office and the street address of the business office entregistered agent,
Such change was authorized by reauthorized by the board, or the co	resolution duly adopted by its board of directors or by an officer so or
Supporture of an officer or direct	David Bruce Keeley
I hereby accept the appointment	as registered agent and agree to act in this capacity, he provisions of all statutes relative to the proper and complete am familiar with and accept the obligation of my position as registered hing filed merely to reflect a change in the registered office address, I tion has been notified in writing of this change.
Joanne Casuall Signature of Registered Age	_
() Signification of Registered Age If signing on behalf of an entity:	ÇETE LÆRIÇ
Joanne Caswell /	
Typed or Printed Name	

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