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To:

Division of Corporations

15129570210

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:\_\_\_\_

REGISTERED AGENT CHANGE DESIGN COLLECTIVE ARCHITECTURE INCORPORATED

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

DESIGN COLLECTIVE ARCHITECTURE INCORPORATED

Name of Corporation

DOCUMENT NUMBER: F1500000327

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

Name of Contact Person

at (888) 705-7274

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

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

statement of cha	provisions of sections 607. nge is submitted for a corp r to change its registered o	oration organ	ized under the la	nvs of the State of	OHIO	this
	he corporation: DESIGI				NCOR	PORATE
	office address: 151 E.					
	ddress (if different):					
4. Date of incorp	poration/qualification: 01	/27/2015	Document	number: F150	0000	0327
	I street address of the curre tment of State: (If resigned			ed office on file w	ith the	
	COGENCY GL	OBAL IN	<u>C.</u>	·		
	115 North Calh	oun St. S	uite 4	TAS	201	
	Tallahassee, Fl	_32301		CRE LAH	2018 JUL	71
6. The name and (if changed):	I street address of the new	registered agen	t (if changed) a	nd /or registered of		FILE
	Registered Agent	Solutions, I	nc.		₩.	
	155 Office Plaza D	r., Suite A		RO A	0	
	Tallahassee, FL 32	P.O. Box NOT	acceptable			
The street addre	ess of its registered office be identical.	and the street a	ddress of the b	isiness office of it	s register	ed agent
Such change wa authorized by th	is authorized by resolution to board, or the corporation	n duly adopted n has been not	by its board of ified in writing	directors or by an of the change.	officer so	•
Signature of an officer or director		Ryan R. Geiser		President		
I further agree t performance of agent. Or, if thi	the appointment as regist to comply with the provisi my duties, and I am famil is document is being filed that the corporation has h	ons of all statu iar with and ac merely to refle	tes relative to ti cept the obliga ct a change in t	he proper and com tion of my position he registered offic	i as regis	tered s, l
yr ·			07/26/201			
•	half of an entity:			Date		<del></del>
Justine Karn	v ell - Assistant Seci	retary				
Т	pped or Printed Name	<del></del>				