F16000004009

(Ke	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(-	,	-,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer.	
	Office Use Only	,



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C. GOLDEN FEB 1 0 2070



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: January 9, 2020

Order#: 127953-010

Re: MOTZ CONSULTING ENGINEERS, INC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Carissa Koetitz

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corpo	9502, 617.0502, 607.1508, or 617.1508, Florida Statutes, to oration organized under the laws of the State of OHIO flice or registered agent, or both, in the State of Florida.	^l iis
1. The name of t	he corporation MOTZ CON	ISULTING ENGINEERS, INC.	
2. The principal	office address: 447 Morgan	Street CINCINNATI, OH 45206	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 09/0	07/2016 Document number: F16000004009	
	street address of the currer tment of State: (If resigned.	nt registered agent and registered office on file with the	
	C T CORPORATION SY	STEM	2000
	7800 Southland Blvd., Su	uite 111))))
	Orlando	FL 32809	<u>~</u>
6. The name and (if changed):	street address of the new r	egistered agent (if changed) and /or registered office	PH 5: 10
	Corporation Service Com	прапу	
	1201 Hays Street		
	Tallahaasaa	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office a be identical.	and the street address of the business office of its register	ed agent.
Such change was authorized by the	is authorized by resolution ne board, or the corporation	duly adopted by its board of directors or by an officer son has been notified in writing of the change.)
	e E Coni	Jill Cilmi, Vice President	
I hereby accept I further agree i of my duties, an document is bei corporation has	to cominty with the provisio	Printed or typed name and title ered agent and agree to act in this capacity. The proper and complete per accept the obligation of my position as registered agent, a change in the registered office address, I hereby confirm this change.	formance Or, if this n that the
By: X	. 7-Kubi.	01/09/2020	
Sig	nature of Registered Agent half of an entity:	Date	
Grace E. Kirby,	Asst. Vice President		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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