

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000248834 3)))



To:					
	Division of Co	orporations			
	Fax Number	: (850)617-6380			
From:					
	Account Name	: REGISTERED AGEN	IT SOLUTIONS I	NC	7.7
	Account Number	: I20100000062			걸음
	Phone	: (888)705-7274			产品
	Fax Number	: (888)706-7274			1
					SECRETARY
*Enter	the email addres	s for this busines	s entity to b	e used for fu	iture
ani	nual report mail	ings. Enter only o	ne email addr	ess please.**	OF STATE

REGISTERED AGENT CHANGE HOWARD I. SHAPIRO & ASSOCIATES CONSULTING ENGINEERS,

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. BUTLER

JUL 25 2022

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INHS18 (2/14)

COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	HOWARD I. SHAPIRO & ASSOCIATES CONSULTING ENGINEERS, P.C., INC						
SODJEC	Name of Limited Liability Company						
Dear Sir o	or Madam:						
The enclo	osed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.				
Please ret	tum all correspondence concerning thi	s matter to the fo	ollowing:				
Josh	ua Murphy		_				
	Name of Person						
Registe	red Agent Solutions, Inc.						
-	Firm/Company						
Corporate Center One, 5301 Southwest Pkwy, Ste 400							
	Address		_				
Austin,	TX 78735						
	City/State and Zip Code		_				
E-mail address: (to be used for future annual report notification)							
For further	er information concerning this matter,	please call:					
Josh	ua Murphy	. 888	705-7274				
	Name of Person	at (Area Code & Daytime Telephone Number				
R D C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314				
Enclosed is a check for the following amount:							
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy							

O 07/22/2022 8:50 Aint-

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: HOWARD I. SH	HAPIRO & ASSOCIATES CONSULTING ENGINEERS, P.C., INC			
2. (a) 266 MERRICK ROADSuite 300	(b) 266 MERRICK ROADSuite 300			
Principal office address of limited liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
(Note: MUST BE STREET ADDRESS)				
LYNBROOK, NY 11563	LYNBROOK, NY 11563			
2/21/2017	F17000000821			
3. Date of filing/registration in Florida	4. Document number			
5. (a) BLUMBERGEXCELSIOR CORPORATE S	•			
Registered Agent and Registered Office shown on the records o	of the Florida Dept. of State:			
155 OFFICE PLAZA DRIVE, 1ST FL	.OOR 200 100 100 100 100 100 100 100 100 100			
Registered Office Address (MUST BE FLORIDA STREET	OOR SECULATION OF State: SECRET JUL 22			
TALLAHASSEE	32301 SSEE, FL			
, , ,				
(b) Registered Agent Solutions, Inc.	i in o			
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:			
155 Office Plaza Dr.				
NEW Registered Office Address:				
Suite A				
Tallahassee	_L 32301			
agent will be identical. Or, in the case of a Florida limited I	of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in			
/s/ Henry E. Kruman	Henry E. Kruman Authorized Person			
Signature of a member or authorized representative of a member	Printed or typed name of signee			
provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, I notified in writing of this change.	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been			
Mackenzie Hart, Asst. Secretary				
Signature of Registered Agent				