F170000002810

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NOY 08 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

198995

80647A

AUTHORIZATION

COST LIMIT :

ORDER DATE: November 4, 2021

ORDER TIME : 1:58 PM

ORDER NO. : 198995-003

CUSTOMER NO: 80647A

CHANGE OF AGENT

NAME:

TODD AND ASSOCIATES

ARCHITECTURE AND PLANNING,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organized in order to change its registered office or registered	d under the laws of the State of AZ
1. The name of the corporation: TODD AND ASSOCIATES	ARCHITECTURE AND PLANNING, INC
2. The principal office address:4019 N. 44TH STREET PHOENIX, AZ 85018	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/20/2017	Document number:F17000002810
5. The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)	nt and registered office on file with the
REGISTERED AGENT SOLUTIONS, INC	2021
155 OFFICE PLAZA DRIVE #A	2021 1:09
TALLAHASSEE, FL 32301	. i.
The name and street address of the new registered agent (i (if changed): Corporation Service Company	if changed) and /or registered office 8.
	
1201 Hays Street P.O. Box NO)T acceptable
Tallahassee	FL 32301
The street address of its registered office and the street add as changed will be identical.	dress of the business office of its registered agent.
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified	tits board of directors or by an officer so ed in writing of the change.
Xee & Conce Jil	II Cilmi, Vice President
I hereby accept the appointment as registered agent and as I further agree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the obligat document is being filed merely to reflect a change in the recorporation has been notified in writing of this change.	Printed or typed name and title gree to act in this capacity, s relative to the proper and complete performance tion of my position as registered agent. Or, if this egistered office address, I hereby confirm that the
Corporation Service Company By: 1	1/05/2021
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Grace E. Kirby, Asst. Vice President Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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