F7000005360

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)	<u> </u>		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)			
(De	ocument Number)			
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer.				

Office Use Only



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\$1.250 \$1.250 \$ \$

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/24/2021	_
	<i>₩WALK IN*</i>
ENTITY NAME THE L	EFFLER GROUP CONSULTING STRUCTURAL ENGINEERS, INC.
DOCUMENT NUMBER_	F17000005360
	PLEASE FILE THE ATTACHED AND RETURN
XXXX	Plain Copy
	Certified Copy
	Certificate of Status
/ 	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINAT	TON
NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED \$35.00	ACCOUNT #: I20160000072
	S 8 7/10
Please call Tina at th	he above number for any issues or concerns. Thank you so much!

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

	-	617.0502, 607.1508, or 617.1508, Florida Statutes n organized under the laws of the State of <u>C</u> olorad	
in orde	r to change its registered office o	r registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: THE LEFFLER C	GROUP CONSULTING STRUCTURAL ENGINEER	S, INC.
2. The principal	office address: 165 U UNION BL	VD STE 360 LAKEWOOD, CO 80228-2211	
-			
	ddress (if different):		
4. Date of incorp	poration/qualification: 11/27/2017	Document number: F17000005360	
	I street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	INCORP SERVICES, INC.	ပ္ မာ	202
	17888 67TH COURT NORTH	CRE	021 AUS 24
	LOXAHATCHEE, FL 33470		324
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	AUS 24 AH 8:
	Registered Agents Inc.	7-15. (7)	<u>5</u>
	7901 4th St N STE 300		
		P.O. Box NOT acceptable	
	St. Petersburg FL 33702		
The street addre	ss of its registered office and the be identical.	e street address of the business office of its regist	ered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officer seen notified in writing of the change.	so
	//. <i>[[]</i>	Darin Anderson	
Contract of the second	of solition or director	Printed or typed name and title	
l hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered as ocomply with the provisions of a lam familiar with and accept to gilled merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agent, ge in the registered office address, I hereby confi change.	erformance Or if this rm that the
Bee Han	nature of Registered Agent	08/24/2021	
Sign	nature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Bill Havre		_	
Ту	ped 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 * * *