Florida Department of State

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REGISTERED AGENT CHANGE LATHAN ASSOCIATES ARCHITECTS, P.C. INC.

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J. DENNIS 12.16.24

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

| statement of cha | nge is submitted for a corporatio | 517.0502, 607.1508, or 617.1508, F in organized under the laws of the S ir registered agent, or both, in the Si | itate of Alabai | ma | ·s |
|--|---|---|---|--|-----------------------------------|
| I. The name of t | he corporation: Lathan Associates | Architects, P.C. Toc. | | | |
| | | SOUTH, STE. 200 HOOVER, AL. | 35244 | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | oration/qualification: 11/02/2018 | Document number: | 18000005141 | | |
| | street address of the current regi- tment of State: (If resigned, enter | stered agent and registered office or resigned) | n file with the | ! | |
| | C T CORPORATION SYSTEM | | | | |
| | 1200 SOUTH PINE ISLAND RC | AD | | 2(| |
| | PLANTATION, FL 33324 | | ECRE | 2024 DEC | |
| 6. The name and (if changed): | street address of the new register | red agent (if changed) and /or regist | ered office | 9 | i - Fij |
| | Corporate Creations Network Inc. | | F S T | AM 9 | 0 |
| | 801 US Highway I | | 20.E | 9: | |
| | | P.O. Box. NOT acceptable | | | |
| | North Palm Beach, FL 33408 | | | | |
| The street addre | ss of its registered office and the be identical. | street address of the business offi | ice of its regi | stered | l agent. |
| Such change wa authorized by th | s authorized by resolution duly a board, or the corporation has be | adopted by its board of directors o seen notified in writing of the char | r by an office ige. | er so | |
| Lambelial | | RICK N. LATHAN, Presid | | | |
| Signatui | e of an officer or director | By: Lauren Underwood, At Printed or typed na | ltorney-in-Fact ime and title | <u>. </u> | |
| l further agrée t of my duties, an document is bei | the appointment as registered as o comply with the provisions of d I am familiar with and accept as filed merely to reflect a cham been notified in writing of this c | zent and agree to act in this capac all statutes relative to the proper a the obligation of my position as re ge in the registered office address, hange. | ritv. md complete gistered agen I hereby com | perfo ni, Oi ifirm i | ormance r, if thi. that the |
| Lam Ulul | | 12/16/2024 | | | |
| Sign | usture of Registered Agent | Date | | | |
| If signing on be | nalf of an entity: | | | | |
| Lauren Underwo | od, Special Secretary | | | | |
| Γ, | ped or Printed Name | - | | | |

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)