

To:

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2024-10-23 07:53:19 CST

12

From: David Thomas

10/23/24, 9:48 AM

F19600004193

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

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REGISTERED AGENT CHANGE

CONSOR ENGINEERING AND LAND SURVEYING- NY, PROFESSIO

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NY in order to change its registered office or registered agent, or both, in the State of Florida.

CONSOR ENGINEERING AND LAND SURVEYING- NY, PROFESSIONAL

1. The name of the corporation: CORPORATION
2. The principal office address: 6505 Waterford District Drive, Suite 470, Miami, Florida 33126

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/9/2019 Document number: F19000004193
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lane, Jeffrey

2121 Old Hickory Tree Road, St. Cloud, FL 34772

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Todd Svoboda

Todd Svoboda, Vice President

Signature of an officer or director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

By:

Michele Holden

10/21/2024

Signature of Registered Agent

Date

Michele Holden, Assistant Secretary

If signing on behalf of an entity:

Typed 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)