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(Re	equestor's Name)	_
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(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



800406704678

Sunshine State Corporate Compliance Company

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

DATE 04/26/2023	_	™WALK IN**
ENTITY NAME BHI En	igineering, Inc.	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXX	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 DESTINA NUMBER OF CERTIFICA		
TOTAL OWED \$35	ACCOUNT #: 120160000072	
Please call Tina at t	the above number for any issues or concerns. Thank you so mo	uch!

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BHI Engineering, Inc.					
Name of Corporation					
DOCUMENT NUMBER: F20000005127					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:				
C Runner					
Name of Contact Person					
Harbor Compliance					
Firm/Company					
1830 Colonial Village Ln					
Address					
Lancaster, PA 17601					
City/State and Zip Code					
professional@harborco	mpliance.com				
E-mail address: (to be used for future annual repo	rt notification)				
C. C. ab. 11.6- marking and a second and the second and a second	and le				
For further information concerning this matter, please	can:				
C Runner	_{31,7} 717 ₃ 837.3205				
Name of Contact Person	at (717)837.3205 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of the D	rtment of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of \square			
	er to change its registered office or registered agent, or both, in the State of Flo			
1. The name of	the corporation: BHI Engineering, Inc.			
	l office address: 500 COLUMBIA DR.SUITE 100WEST PALM BEACH, FL 334	109		
3. The mailing a	address (if different): 500 COLUMBIA DR.SUITE 100WEST PALM BEACH, F	 L 334	09	
	poration/qualification: 11/12/2020 Document number: F2000000			
	d street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)			
	CORPORATE CREATIONS NETWORK INC.			
	801 US HIGHWAY 1	71. 338	2023	
	NORTH PALM BEACH, FL 33408		2023 APR 26	:
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		6 8	r
	Registered Agents Inc			_
	7901 4th St N STE 300			
	P.O. Box NOT acceptable			
	St. Petersburg FL 33702			
The street address changed will	ess of its registered office and the street address of the business office of its related be identical.	egister	red ag	ent.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	ficer s	0	
/s/Jose Herna Signatu	Jose Hernandez - President of an officer or director Printed or typed name and title	lent		_
I hereby accept I further agree to of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address, I hereby as been notified in writing of this change.	ete per gent, confiri	rform Or, if m thai	ance (this t the
Dand Hologica	04/25/2023			
Sig	enature of Registered Agent Date			
If signing on be	chalf of an entity:			
David Robe				
T	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)