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CORPORATION SERVICE COMPANY 1201 Hays Street

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Tallhassee, FL 32301 Phone: 850-558-1500

NAME: HAWORTH-MEYER-BOLEYN

PROFESSIONAL ENGINEERS, 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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation r to change its registered office or	organized under the law	s of the State of	KY	· 
1. The name of t	he corporation: HAWORTH MEY	ER BOLEYN PROFESS	IONAL ENGINE	EERS, INC.	
2. The principal	office address: FRANKFORT, KY 40601				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: _09/27/2021	Document m	umber: F2100	0005510	
	I street address of the current regist tment of State: (If resigned, enter r		l office on file w	vith the	
	CRENSHAW, JASON			_	
	4452 B Clinton Street				
	Marianna	FL	32446	71 71 720 720	2
6. The name and (if changed):	Marianna FL 32446 75 75 75 75 75 75 75 75 75 75 75 75 75				
	Corporation Service Company				
	1201 Hays Street			16.21 1.00.14 1.00.14	L 7 -9.
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301	_	
=	ess of its registered office and the be identical.				agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of di een notified in writing of	irectors or by ar f the change.	n officer so	
Xie 2	Coni	Jil	I Cilmi, Vice F	resident	
Signatui	e of an officer or director	Printed	d or typed name and t	title	
l furthér agrée t of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Service Company	ll statutes relative to the ne obligation of my posit e in the registered office	proper and car	mplete perfo ed agent. Oi by confirm t	rmance ; if this hat the
By: Ding	· Makubi.	10/17/2023			
Sigi	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby, .	Asst. Vice President				
T	oped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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