11/22/24, 4:03 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE EGA ARCHITECTS, P.C. INC



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Amendment Section

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COVER LETTER

TO:

SUBJECT: EGA ARCHITECTS, P.C. INC Name of Corporation	
DOCUMENT NUMBER: F22000002759	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mary Castillo	
Name of Contact Person	1
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Numb
Name of Contact Person	Area Code & Daytime Telephone Numb

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of c	change is submitted for a corporation	7.0502, 607,1508, or 617,1508, Florida Statutes, this organized under the laws of the State of Massachusetts registered agent, or both, in the State of Florida.			
1. The name of	of the corporation: EGA ARCHITECT	S, P.C. INC			
2. The princip	pal office address: 1 VERNON ST NE	WBURYPORT, MA 01950			
3. The mailin	g address (if different):				
4. Date of inc	orporation/qualification: 05/04/2022	Document number: F22000002759			
5. The name a		ered agent and registered office on file with the			
	CORPORATION SERVICE COMPANY				
	1201 HAYS STREET				
	TALLAHASSEE, FL 32301-2525	•			
6. The name a (if changed):	d agent (if changed) and /or registered office			
	Registered Agent Solutions, Inc.				
	2894 Remington Green Ln. Ste. A				
	Tallahassee, FL 32308	P.O. Box NOT acceptable			
The street ade as changed w	dress of its registered office and the sail be identical.	street address of the business office of its registered agent,			
Such change authorized by	was authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.			
/s/ Scott		Scott Hall, President			
ŭ	ature of an officer or director	Finited or typed name and title			
l further agre of my duties, document is l	pt the appointment as registered ago se to comply with the provisions of a and I am familiar with and accept th being filed merely to reflect a chango has been notified inwriting of this ch	ll statutes relative to the proper and complete performance se obligation of my position as registered agent. Or, if this on the registered office address. I hereby confirm that the			
Ma	che Ol	11/22/2024			
	Signate of Registered Agent	Date			
lf signing on	behalf of an entity:				
Mackenzie Hi	bler, Assistant Secretary				
	Typed or Printed Name				

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