

F22 000003815

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000364298 3)))



H230003642983AEC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: cellis@koffel.com

2023 OCT 18 AM 9:10

FILED

2023 OCT 13 PM 5:09

REGISTERED AGENT CHANGE
KOFFEL ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000364298 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KOFFEL ASSOCIATES, INC
Name of Corporation

DOCUMENT NUMBER: F22000003815

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing

Please return all correspondence concerning this matter to the following

Chad W. Ellis

Name of Contact Person

KOFFEL ASSOCIATES, INC

Firm/Company

8815 CENTRE PARK DR STE 200

Address

COLUMBIA, MD 21045

City, State and Zip Code

CEllis@Koffel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

URS AGENTS, LLC

at (800) 567-4397

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR21745 104/13

(((H23000364298 3)))

(((H23000364298 3)))

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 Maryland in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: KOFFEL ASSOCIATES, INC
2. The principal office address: 8815 CENTRE PARK DR STE 200 COLUMBIA, MD 21045
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/02/2022 Document number: E22000003815
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)

SHARON GILYHEAT201 S HUNTINGTON AVENUE MELBOURNE, FL 32901

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

CRS AGENTS, LLC3458 Lakeshore DriveP.O. Box NOT acceptableTallahassee, FL 32312

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.

Chad W. Ellis
Signature of an officer or director

Chad W. Ellis, Controller
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.

Georgina Vega
Signature of Registered Agent

10/18/2023

Date

If signing on behalf of an entity:

Georgina Vega, Asst. Secretary
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
CR218645 (04/13)

(((H23000364298 3)))