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Florida Department of State
Division of Corporations
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To:

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

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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REGISTERED AGENT CHANGE
MOORE CIVIL CONSULTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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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, 607.0503, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of GA in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: MOORE CIVIL CONSULTING, INC.
2. The principal office address: 1595 UNADILLA HWY
HAWKINSVILLE, GA 31036
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/03/2022 Document number: F22000606789
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)

REGISTERED AGENTS INC

7901 4TH STREET N, STE 300

ST PETERSBURG, FL 33702

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

C T Corporation System

1200 South Pine Island Road

PO 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.

Courtney Moore
Signature of an officer or director

Courtney Moore, CPO
Printed or typed name and title
Courtney Moore

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

03/12/2024

By:

Christine Kelm

Signature of Registered Agent

Date

If signing on behalf of an entity:

Christine Kelm

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

CRF0648 (04-13)