## F22258

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(Address)			
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(Cit	y/State/Zip/Phone	÷#)	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
	•			
SUBJE	ECT: CPH Engineers, Inc.			
_	(Name of Con	rporation)		
DOCU	JMENT NUMBER: F22258			
The en	aclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter t	o the following:		
		5		
	Trish Hunt			
(Name of Contact Person)				
		•		
CPH Engineers, Inc.				
	(Firm/Con	прапу)		
	PO Box 2808			
	(Addre	ss)		
•				
	Sanford, FL 32772-2808			
	(City/State and	• ,		
For fur	rther information concerning this matter, please ca	11:		
Trish F	Hunt	at ( <b>407</b> ) 322-6841		
	(Name of Contact Person)	at (407) 322-6841 (Area Code & Daytime Telephone Number)		
Enclose	ed is a \$35.00 check made payable to the Departm	ent of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida
in ord	er to change its registered office or reg	gistered agent, or both, in the State of Florida.
1. The name of	the corporation: CPH Engineers, Inc.	
2. The principa	l office address: 500 West Fulton Stre	et, Sanford, FL 32771
3. The mailing	address (if different): PO Box 2808, S	Sanford, FL 32772-2808
4. Date of incom	poration/qualification: 3-6-81	Document number: F22258
	d street address of the current registered artment of State:	ed agent and registered office on file with the
	David A. Gierach	
	3159 Tala Loop	
	Longwood, FL 32779	SECH ALLU
6. The name and (if changed):		agent (if changed) and /or registered office SSET
	David A. Gierach	
	500 West Fulton Street	ORID ORID
	(P.O. Box NOT accept	lable)
	Sanford, FL 32771	· ·
_	· •	reet address of the business office of its registered agent,
Such change wauthorized by t	as authorized by resolution duly adop he board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.
Nom	Mari	Kamran Khosravani, CEO
I hereby accept	ture of an officer or director)  It the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the ing filed merely to reflect a change ir s been notified in writing of this char	(Printed or typed name and title)  t and agree to act in this capacity.  statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the inge.
	Miller	10-31-07
(Si	gnature of Registered Agent)	(Date)
If signing on be	ehalf of an entity:	
David A. Gier		
(	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