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COVER LETTER

TO:

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: Johnson Laffen Galloway Al	rchitects, Ltd.
Thank of Corporation	
DOCUMENT NUMBER: F23000001969	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
	Ţ
V.LAWRENCE	
Name of Contact Person	
HARBOR COMPLIANCE	
Firm/Company	•
1830 COLONIAL VILLAGE LN	
Address	·
LANCASTER, PA 17601	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
PROFESSIONAL@H	HARBORCOMPLIANCE.COM
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	where will
For further information concerning this matter,	piease caii:
V.LAWRENCE	at (717) 844 9334
Name of Contact Person	at (717) 844 9334 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	ange is submitted for a corporation o	rganized under the laws of the State of NORTH DAKOTA pgistered agent, or both, in the State of Florida.
1. The name of t	the corporation: Johnson Laffen Ga	lloway Architects, Ltd.
2. The principal	office address: 323 DEMERS AVEG	GRAND FORKS, ND 58201
	Advance CC 1150	
	address (if different):	Document number: F23000001969
5. The name and		red agent and registered office on file with the
	INCORP SERVICES, INC	<u>.</u>
	3458 LAKESHORE DRIVE	=
	TALLAHASSEE, FL 32312	2
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office
	Registered Agents Inc	
	7901 4th St N STE 300	
		D. Box NOT acceptable
	St. Petersburg FL 33702	
The street addre as changed will	ess of its registered office and the str be identical.	rect address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adone board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.
Jason Ha	agenson	Jason Haagenson/Treasurer
J hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agen to comply with the provisions of all, d I am familiar with and accept the ng filed merely to reflect a change is 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 n the registered office address, I hereby confirm that the nge.
Dala receive		January 12 2024
Sign	nature of Registered Agent	Date
lf signing on bel	half of an entity:	
David Robei	rts	
Ту	yped 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
CR2E045 (04/13)