

F24000004705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

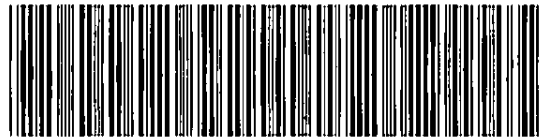
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300437055473

*Amend*

FILED

2024 SEP 25 AM 8:20

CLERK OF STATE  
TALLAHASSEE, FL

A. RAMSEY  
OCT 4 2024

RECEIVED

2024 SEP 25 AM 10:39

CLERK OF STATE  
TALLAHASSEE, FL

\*02250, 00524, 00671

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/25/2024

**\*\*WALK IN\*\***

ENTITY NAME Heitler Houstoun Architects PC Corp

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

ACCOUNT #: I20160000072

*S. R. J. P.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** HEITLER HOUSTOUN ARCHITECTS, P.C. CORP

Name of Corporation

**DOCUMENT NUMBER:** F24000004705

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R REMP

Name of Contact Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA, 17601

City/State and Zip Code

professional@harborcompliance.com

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

For further information concerning this matter, please call:

R REMP

at ( 717 ) 844-6897

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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

## **Florida Amendment Cover Sheet**

To Whom it may concern,

The following amendments are needed to be added to the Florida registration of HEITLER HOUSTOUN ARCHITECTS, P.C. CORP so that the Department of Business and Professional Regulation has all the information necessary to issue a license.

ADDED: One officer. Allison Adderley, Senior Associate, 15 W 36th St Ph 16, New York, NY 10018 - 7106

AMENDED (Spelling Error): John Douglas Houstoun, Vice President/Vice Chair, 15 W 36th St Ph 16, New York, NY 10018 - 7106

\*\*\*\*Please also add\*\*\*\*

The EIN of this business is: 47-1972049

The EIN was not included on the original certificate of authority application, so it is included in this cover sheet to be added, per the secretary of state's office's request.

Please reach out to Rebekah Remp with any questions at one of the following:

Business Number: 717-844-6897

Email Address: [rrempp@harborcompliance.com](mailto:rrempp@harborcompliance.com)

Thanks so much!

Rebekah Remp



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2024

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY  
TALLAHASSEE, FL 32312

SUBJECT: HEITLER HOUSTOUN ARCHITECTS, P.C. CORP  
Ref. Number: F24000004705

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for HEITLER HOUSTOUN ARCHITECTS, P.C. CORP and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Page 2,3 and 4 of the amendment form are incorrect. They are for a Florida domestic profit corporation and your entity is a foreign corporation. I have enclosed the correct page for you to fill out and return to us when you resubmit the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 624A00021556

RECEIVED  
2024 OCT -3 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

FILED  
2024 SEP 25 AM 8:20

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F24000004705

(Document number of corporation (if known))

1. HEITLER HOUSTOUN ARCHITECTS, P.C. CORP  
(Name of corporation as it appears on the records of the Department of State)
2. New York 3. 09/04/2024  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Sen. Ass.	Allison Adderley, Senior Associate	15 W. 36TH ST., PH 16	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10018-7106	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

/s/ Kimberly Marie Coca

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kimberly Marie Coca

Secretary

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**