

(	Requestor's Name)	
<del></del>	Address)	
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(1	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(	Business Entity Name)	
	Document Number)	
,	Boddinasii (Vastibol)	
Certified Copies	Certificates of	Status
Special Instructions to F	filing Officer:	ļ
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 770785 4365582					
AUTHORIZATION :					
COST LIMIT : \$ 35.00					
ORDER DATE: November 18, 2024					
ORDER TIME : 9:0 AM					
ORDER NO. : 770785-020					
CUSTOMER NO: 4365582					
CHANGE OF AGENT					
NAME: RDG PLANNING & DESIGN, INC.					
NAME: RDG PLANNING & DESIGN, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
AV EPUTE STUDIED COLI					
CONTACT PERSON: Amanda Miller					

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Florida Statu on organized under the laws of the State of <mark>10W</mark> or registered agent, or both, in the State of Florid	<b>V</b> A	his ——	
1. The name of t	the corporation: RDG PLANNING	& DESIGN, INC.			
	•	E DES MOINES, IA 50309			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 02/24/202	Document number:			
5. The name and		istered agent and registered office on file with th			
	Business Filings Incorporate				
	1200 SOUTH PINE ISLAND R	OAD V.		1:~>	
	PLANTATION	FL 33324	1	] [3]	
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered office		2024-020 - 5 - 1	:,
	Corporation Service Company				U
	1201 Hays Street			2: 03	
		P.O Box NOT acceptable		ω.	
	Tallahassee	FL 32301			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its reg	gister	ed ag	gent.
Such change wa	as authorized by resolution duly	adopted by its board of directors or by an officeen notified in writing of the change.	cer so	5	
/S/ JOHN A. S		JOHN A. SOVA, PRESIDENT			
Signatui	re of an officer or director	Printed or typed name and title			—
I further agree i of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this a Service Company	igent and agree to act in this capacity. all statutes relative to the proper and complet the obligation of my position as registered ag- ige in the registered office address. I hereby co- change.	'e per ent. mfirn	form Or, ij n tha	ance f this t the
By: Drace	· Z-Kubi,	11/26/2024			
	nature of Registered Agent	Date			
0	half of an entity:				
GRACE E. KIRE	3Y yped or Printed Name	_			
••		ING 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)