F63841

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ad Copies Certificates of Status 2 all Instructions to Filling Officer:	- (Requestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status		Address)	
(Business Entity Name) (Document Number) Gal Copies Certificates of Status	(Address)	
(Business Entity Name) (Document Number) God Copies Certificates of Status		City/State/Zip/Phone #)	-
(Document Number)	PICK-UP	☐ WAIT	MAIL
ca Copies Certificates of Status	(Business Entity Name)	
		Document Number)	
. : at Instructions to Filing Officer:	a Copies	Certificates of S	Status
	. : al Instructions to F	Filing Officer:	

Office Use Only



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RAZRO Charge





A. RAMSEY FEB 1 7 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 502486 7729961
AUTHORIZATION: ENERGY
REFERENCE : 502486 7729961 AUTHORIZATION : Special Reference COST LIMIT : \$35,00
ORDER DATE : February 15, 2023
ORDER DATE: February 15, 2023
ORDER TIME : 9:29 AM
ORDER NO. : 502486-005
CUSTOMER NO: 7729961
<u>CHANGE OF AGENT</u>
NAME: COLLAGE DESIGN AND CONSTRUCTION GROUP, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker EXT#
EXAMINER:

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

Pursuant to the provision statement of change is st in order to chan	ibmitted for a corporal	tion organized under t	he la	•	RDIA
I. The name of the corpo	oration: COLLAGE DES	SIGN AND CONSTRI	UCTI	ON GROUP, INC.	
2. The principal office ac					
3. The mailing address (i	f different):				
4. Date of incorporation/	qualification: 01/20/19	982 Docur	nent i	number: F63841	
5. The name and street at Florida Department of			istere	ed office on file with the	è
ROB M	IAPHIS				
585 TE	CHNOLOGY PARK L	AKE MARY, FL 3274	6		202
6. The name and street ac (if changed):	Idress of the new regist		d) and	d /or registered office	
<u>.</u>					- (
	ays Street	P.O. Box NOT acceptable			, 3.
Tallaha	ssee		FL	32301	
The street address of its as changed will be identi	registered office and t	he street address of th	he bu	siness office of its regi	stered agent,
Such change was authorized by the board, Signature of an office	ter or director	ROB	Print	TMAPUS PRO	ESIDENT
I hereby accept the appo I further agree to comply of my duties, and I am fa document is being filed n corporation has been not Corporation Service	intment as registered in with the provisions of miliar with and acception to reflect a chait if it withing of this in Company.	agent and agree to a f all statutes relative of the obligation of my nge in the registered s change.	ct in t to the post office	this capacity. e proper and complete ition as registered ager e address, I hereby con	performance it. Or if this firm that the
By: Drose t-Kuby		2/15/23			
Signature of Re Grace E. Kirby, Asst. Vice Pr	•			Date	
If signing on behalf of ar	entity:				
Typed or Print	ed Name	-			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (04/13)