

FA5000000559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

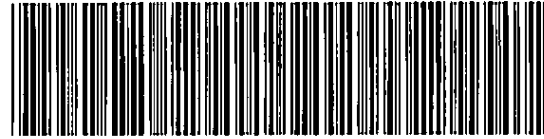
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2021 AUG 23 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 AUG 23 PM 2:57  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corp-help@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 8/23/2021

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 945340

**ORDER ENTITY**

PERKINS EASTMAN ARCHITECTS, D.P.C., INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**PERKINS EASTMAN ARCHITECTS, D.P.C., INC. (FL)**

File the attached change of agent document

**NOTES:**

\$35.00 Authorized

Email address for annual report reminders: [professional@harborcompliance.com](mailto:professional@harborcompliance.com)

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MG".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: PERKINS EASTMAN ARCHITECTS, D.P.C. INC.
- 2. The principal office address: 115 5th Avenue, FL 3  
New York, NY 10003
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 02/01/1995 Document number: F95000000559
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

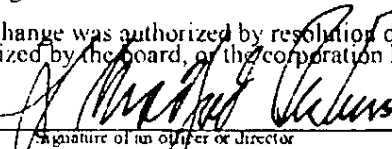
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 TALLAHASSEE, FL

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Registered Agents Inc.  
7901 4th St N STE 300  
P.O. Box NOT acceptable  
St. Petersburg FL 33702

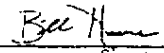
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 \_\_\_\_\_  
 Signature of an officer or director

L. Bradford Perkins, Chairman and Executive Director  
 \_\_\_\_\_  
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
 \_\_\_\_\_  
 Signature of Registered Agent

08/19/2022  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:

Bill Havre  
 \_\_\_\_\_  
 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