F96000004326

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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A. BUTLER JUN 16 2022



COVER LETTER

TO:

Amendment Section Division of Corporations

C & S ENGINEERS INC		
SUBJECT: C & S ENGINEERS, INC. Name of Corporation		
DOCUMENT NUMBER: F96000004326		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Harbor Compliance		
Name of Contact Person		
Firm/Company		
1830 Colonial Village Lane		
Address		
Lancaster, PA 17601		
City/State and Zip Code		
professional@harborcomplia	nce.com	
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter,	please call:	
Christy R	at (717)837-3205 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Amendment Section Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607,0502, 6 nge is submitted for a corporation r to change its registered office or	organized under the laws of the	State of New York
	the corporation: C & S ENGINEER		,
1. The name of t	office address: 499 Col Eileen Colli	ns Blvd, Syracuse, NY 13212	-
2. The principal	office address:		
3. The mailing a	address (if different): 499 Col Eilee	n Collins Blvd, Syracuse, NY 1321	2
4. Date of incorp	poration/qualification: 08/23/1996	Document number:	F96000004326
	I street address of the current regis rtment of State: (If resigned, enter		on file with the
	COGENCY GLOBAL INC.		
	115 North Calhoun St. Suite 4		1022 . SEC
	Tallahassee, FL 32301		TE UN
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or regi	THE THE STATE OF STATE SECRET ALL A HAVE SEE. FI
	Registered Agents Inc.		. 33
	7901 4th St N STE 300		1 <u>41</u>
		P.O. Box NOT acceptable	
	St. Petersburg FL 33702		
	ess of its registered office and the be identical.		
Such change wa authorized by the	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors seen notified in writing of the ch	or by an officer so ange.
/s/John Trii	mble	JOHN TRIMBLE - Presi	dent
Signate	ire of an officer or director	Printed or typed	
-l further agree -of my duties, ar -document is be	the appointment as registered as to comply with the provisions of a ad I am familiar with and accept a ing filed merely to reflect a chang s been notified in writing of this c	all statutes relative to the prope the obligation of my position as we in the registered office addre	acity, r and complete performance registered agent. Or, if this is, I hereby confirm that the
Signature of Registered Agent		06/14/2022	
Sig	gnature of Registered Agent	- Da	te
If signing on bo	chalf of an entity:		
Bill Havre			
- 1	Typed or Printed Name	_	

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