## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Phone : (608)827-5300
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\_BLFox#loureiro.com\_

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## REGISTERED AGENT CHANGE LOUREIRO ENGINEERING ASSOCIATES, INC.

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Certificate of Status	0	
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Corporate Filing Menu

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10-18-10 10/15/20

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

statement of change ts	submitted	for a corporation v	0502, 607.1508, or 617.1508, rgarized under the laws of the	State of Conne	ts ecticut
in order to an	धारहर । इत्र	gistered office of re	gistered agent, or both, in the	State of Florida.	
1. The name of the cor	posation;_		incering Associates, Inc.		<del>.</del>
2. The principal office	address:	100 Northwest	Drive, Plainville, Conne	eticut 06062	
3. The mailing address	(if differe	at):			
4. Date of incorporation	า√qualifica	8/13/1998	Document number:	F9800000475	
5. The name and street Florida Department			ed agent and registered office igned)	on file with the	
Cra	ig D. He	aven		· · · · · · · · · · · · · · · · · · ·	Supplied and
	6 JEFFI	ERSON ST			900
_HC	LLYW	OOD FL 33019			1
<ol><li>The name and street (if changed);</li></ol>	address of	f the new registered	agent (if changed) and /or regi	istered office	は、これ
<u>C</u>	Т Согра	ration System			(3) way
12	200 Sout	h Pine Island Ro	oad, Plantation, Florida 3	3324	
		P.O. Bot	R NOT acceptable		gir · to
			reet address of the business of the business of the business of the company of the ci		
	, 0. 00		Brian Fox, CFO	·	
Signature of an	Alter or days	tor	Printed or types	Kutra and title	
I hereby accept the at I further agree to com of my duties, and I an document is being file corporation has been	pointment iply with the familiar to a merely to notified to	as registered ager the provisions of all with and accept the to reflect a change to writing of this cha	n and agree to act in this cap statutes relative to the prope obligation of my position as in the registered office addre- inge.		formance )r, if this that the
Nable			6th day of Octob	er, 2010	
	Ragistered A	gent	De De	te:	
If signing on bohalf o	f an entity:	•			
Mark Williams, AV					
Typed or	riated Name				
		• • • FILING	G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

Fax Ceval+ #100002266283