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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## REGISTERED AGENT CHANGE

PROFESSIONAL ENGINEERING ASSOCIATES OF SOUTH **CAROLIN** 

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Amendment Section

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## COVER LETTER

**Division of Corporations** PROFESSIONAL ENGINEERING ASSOCIATES OF SOUTH CAROLINA, INC. SUBJECT: Name of Corporation F99000002494

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo
Name of Contact Person

Registered Agent Solutions, Inc.

1701 Directors Blvd, Ste 300

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of section; nge is submitted for a r to change its regist	a corporation organ	nized under the laws	of the State of _	SOUTH CAROLINA	
	he corporation: PRC		C	•		, INC
	office address: 11(					
	VVILLE,		29607			_
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification	. 05/14/1999	Document nu	mber: F990	00002494	
	street address of the trient of State: (If re			office on file wi	th the	
	CORPORA	TION SERV	ICE COMPA	NY		
	1201 HAYS	STREET			-1 12	
	TALLAHAS	SEE, FL 323	301-2525		OHO J SECF	
6. The name and (if changed):	l street address of the	new registered age	nt (if changed) and /	or registered off	35. <b>1</b>	7117
	Registered Ag	ent Solutions,	Inc.			
	155 Office Pla	za Dr., Suite A			9: 21 STAFI LORU	_
		P.O. Box NOT	acceptable			
	Tallahassee, F	L 32301				
The street addre as changed will	ss of its registered o be identical.	ffice and the street	address of the busin	ess office of its	registered agent,	
Such change wa authorized by th	is authorized by reso ie board, or the corpo	lution duly adopted oration has been no	by its board of dire	ctors or by an o	officer so .	
Signatur	Kapp		Richard H.	Kapp	President	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as it to comply with the pi my duties, and I am is document is being that the corporation	rovisions of all state familiar with and a filed merely to refl	d agree to act in this ates relative to the p ecept the obligation ect a change in the t	s capacity, proper and comp t of my position registered office	plete	
			07/27/2018			
Sign	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	ell - Assistant	Secretary				
1)	ped or Printed Name	* * * FILING FE	E: \$35.00 * * *			