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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. : I2000000195			
REFERENC	E : 872741 7716793			
AUTHORIZATIO	N Spellenan			
COST LIMI	т : \$ 35.00			
ORDER DATE : August 9, 2022				
ORDER DATE: August 9, 2022				
ORDER TIME : 8:05 AM				
ORDER NO. : 872741-006				
CUSTOMER NO: 7716793				
CHANGE OF AGENT				
NAME: PROFESSIONA ASSOCIATES,	L ENGINEERING INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Wei	land			
1	EXAMINER'S INITIALS:			

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of	SC	
		gistered agent, or both, in the State of t		
		SINEERING ASSOCIATES OF SOUTH CA		
2. The principal	office address: 110 EDGEWORTH S	31 GREENVILLE, SC 29607		
3. The mailing a	ddress (if different): P.O. BOX 8836	GREENVILLE, SC 29604		
4. Date of incorp	poration/qualification: 05/14/1999	Document number: F99000)002494	
5. The name and		ed agent and registered office on file w		
	REGISTERED AGENT SOLUTION	NS, INC.		
155 OFFICE PLAZA DR - STE. A				
TALLAHASSEE, FL 32301				
6. The name and (if changed):	street address of the new registered a	agent (if changed) and /or registered of	NOT AND TO PATT 15	
	Corporation Service Company			
	1201 Hays Street		5	
P.O. Box NOT acceptable				
	Tallahassee	FL 32301	_	
The street addre as changed will	ss of its registered office and the str be identical.	reet address of the business office of it	ts registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopte board, or the corporation has been	pted by its board of directors or by an inotified in writing of the change.	officer so	
Joffy Brust	Figeffrey Barrett Date:	Jeffrey Barrett	President	
-	e of an officer or director	Printed or typed name and to	itle	
I further agree t of my duties, an document is beit corporation has	the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this chan n Service Company	statules relative to the proper and con obligation of my position as registere n the registered office address, I herei	uplete performance d agent. Or, if this by confirm that the	
By: Du	ace C-Kuble	08/08/2022		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Grace E. Kirby, /	Asst. Vice President			
Ty	ped or Printed Name			

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