To: Page 2 of 3

8/31/2018



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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 Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ove Arup & Partners, P.C.

2. The principal office address: 77 Water Street, 5th Floor, New York, NY 10005

3. The mailing address (if different):____

- 4. Date of incorporation/qualification: 9/1/1999 Document number: F99000004542
- 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)

Corporation Service Company

1201 Hays Street, Tallahassee, FL 32301

		2	~3
 The name and (if changed): 	I street address of the new registered agent (if changed) and /or registered	in a start a st The start a start	າເສ ໂກເ
	C T Corporation System		$\frac{\omega}{\omega}$
	c/o C T Corporation System, 1200 South Pine Island Road		
	P.O. Box NOT acceptable		e 1
	Plantation, Florida 33324	U. Pro	· 97

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 on has been notified in writing of the change.

atalie Pickens

Natalie Pickens, VP

Printed or typed name and title

Date

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 ogent. 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.

C T Corporation Syste By: ignature of Register

8/30/2018

If signing on behalf of an entity

Sarah Revelle

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

CR2E045 (03/12)