## F99000004726

(Requ	estor's Name)	<del></del>
(Addre	ess)	
(Addre	ess)	
(City/S	state/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Доси	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
		}





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02/14/05--01021--014 \*\*35.00

05 FEB 12 MIO: 39

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: Engineering Services, Inc.						
SUBJECT: (Name of corporation)						
DOCUMENT NUMBER: F9900004726						
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:						
Laurence C. Hames (Name of contact person)	~					
Lowndes, Drosdick, Doster, Kantor & Reed P.A. (Firm/Company)	· ·					
215 N. Eola Drive (Address)						
(Address)						
Orlando, Florida 32801 (City/state and zip code)	-					
For further information concerning this matter, please call:						
Laurence C. Hames at (407 ) 418-6220  (Name of contact person) (Area code & daytime telephone number)						
(Manie of contact person) (Area code & daytime telephone number)						
Enclosed is a \$35.00 check made payable to the Department of State.						

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

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

statement of cha	ange is submitted for	ns 607.0502, 617.050 - a corporation organ stered office or registe	ized under the law	s of the State of	f	<del></del> •
I. The name of	the corporation:	Engineerin	a Services	. Inc.		
	office address:	<del>-</del>	-			
		Slidell,Lo	uisiana 70	461		4
3. The mailing a	address (if different):	:			<del></del>	
4. Date of incor	poration/qualificatio	n:	Document no	umber: F'	990000047	26
5. The name and		e current registered as				, , , , , ,
	Laurence C	. Hames				
	390 North	Orange Ave	Ste 2500			-
	Orlando, F	lorida 32801	1 12 12 12 12 12 12 12 12 12 12 12 12 12		<del>-</del>	
6. The name and (if changed):	d street address of the	e new registered agen	t (if changed) and	or registered o	Mice TALLA	
	Laurence C	. Hames		<del></del>	- A8	·
	215 North	Eola Drive (P.O. Box NOT acceptable)		<del></del>	- SER -	- M
	Orlando, F				TE PO	
The street addre	ess of its registered	office and the street		iness office of	— >>>≥ c	ಎ
Such change was authorized by th	as authorized by res	olution duly adopted peration has been not	by its board of ditified in writing of	irectors or by a fithe change.	in officer so	
Jaly	repr an officer or director		Harley Ne	thken P.	E.,presid	ent
hereby accept	the appointment as	registered agent and provisions of all statu h and accept the obli effect a change in the itting of this change.	d agree to act in the	his capacity.	omplete perforn	nance
Ou (Sig	gnature of Registered Agen		<del></del>	$\frac{2}{\text{(Date)}}$	05	<del></del> . : • ~
	half of an entity:		·			
/7	Sand or Drinted Morne)		•			

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