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11.6



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## LLC REGISTERED AGENT CHANGE PAUL-KOEHLER-BROWN CONSULTING STRUCTURA ENGINEERS.

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## H1800003388903

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered affice or registered agent, or both, in the State of Florida.

1. N	me of the limited liability company: Paul-Kochler-B	rown Co	nsulting S	tructural Engineers, LLC	
2. (a)	8217 Shoal Creek Blvd Suite 106  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		8217 Shoal Creek Blvd Suite 106 		
	Austin, Texas 78757	<del></del>	Austin,	Texas 78757	
	3/17/2006	_	M060000	001398	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	C T CORPORATION SYSTEM				
•	Registered Agent and Registered Office shawn on the records of the 1200 SOUTH PINE ISLAND ROAD  Registered Office Address INCSI BE FLORIDA STREET A	.,			
	PLANTATION, FL_	33324		- <u>2.</u> - 5.	18 F
(b)	Business Filings Incorporated				8
(0)	Enter name of NEW Registered Agent and/or NEW Registered of 1200 South Pine Island Road	Office add	LESS:	SSEL	-₩ PH
	NEW Registered Office Address;			FLORIC	2:49
	Plantation , FL	33324		- -	
the chi agent v	imited liability company is not organized under the law unge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of interval of organization or the operating agreement of the	the regis bility co f the lim limited l	tered of So impany, it ited liabili iability co	is hereby confirmed that the change(x) ity commany or as otherwise provided in	
	ture of a furniber or authorized representative of a member			Printed or typed imme of signee	
I here provise the ob- to mer notific	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided the reflect a change in the registered office address, I is d in synting of this change.	we to act perform I for in C ereby co	in this cu ince of my hapter of infirm the	pacine. I further agree to comply with the rantes, and I am familiar with and accept 15; F.S. Or, if this document is being filled the limited liability company has been	
Signan	ro of Registered Agent				

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)