MINON0004992

| (Req | uestor's Name) | | | | |
|---|----------------|-------------|--|--|--|
| (Add | ress) | | | | |
| (Add | ress) | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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12/09/16--01012--017 **25.00

DEC 12 2016

S. YOUNG

16 DEC -9 PH 12: 24



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 7, 2016

Order#: 390413-004

Re: GH2 ARCHITECTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX __ Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

16 DEC -9 PH 12: 24

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 office or registered agent, or both, in the State of Florida.

| 1. N | ame of the limited liability company: GH2 Architect | s, LLC | | | | |
|---|---|---------------------------|------------------------------|---|--------------------------------|--------------|
| 2. (a) | 320 S Boston Ave | (b | 320 S I | Boston Ave | | |
| 2. (2) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | <i>'</i> | Mailing address of limited liabil (Note: MAY BE POST OFF | - | |
| | Suite 100 | | Suite 100 |) | | |
| | Tulsa, OK 74103 | | Tulsa, O | K 74103 | | |
| | 11/12/2010 | | M100000 | 04992 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | Business Filings Incorporated | | | · | | |
| J. (4) | Registered Agent and Registered Office shown on the records of | f the Florida | Dept. of State | - :: | | |
| | 515 E. Park Avenue | | | | कें | Ξ_{ij} |
| Registered Office Address (MUST BE FLORIDA STREET ADDRE | | ADDRESS) | - | - • • | r. | ہے۔ اگرجا |
| | | **** | | | 0EC | =[|
| | | | . • | - | 9 | |
| | Tallahassee , FI | L <u>32301</u> | | _ | <u> </u> | و دن |
| | | | | | PH 12: | |
| (b) | Corporation Service Company | | · | - | ։ շլ | |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office add | ress: | | - | \geq |
| | | | | | | |
| | 1201 Hays Street | | | | | · |
| | NEW Registered Office Address: | | | | | |
| | | | | | | |
| | • | | | | | |
| | Tallahassee | L 32301 | | | | |
| | | , | | , | | |
| If the l | limited liability company is not organized under the la | ws of the | State of Flo | orida, it is hereby confirme | d that after | .1 |
| agent v | ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li | iability cor | npany, it is | hereby confirmed that the | i the registere e change(s) | aa |
| was/w | ere authorized by an affirmative vote of the members | of the limi | ted liability | company or as otherwise | provided in | |
| ine an | icles of organization or the operating agreement of the | imited ii | - | • • | | |
| Cime | ture of a member or authorized representative of a member | | M: | ichael Ray Hall | | |
| | - | | | Printed or typed name of signe | | |
| ı nere provisi | oy accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complete | ree to act i performa | n this capa nce of my a | icity. I further agree to co luties, and I am familiar w | mply with the vith and acce | e pt |
| ine obi to mer | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I | ed for in C. hereby co | hapter 6()5, nfirm that i | , F.S. Or, if this document the limited liability compa | t is being filê ny has been | d |
| notifie | d in writing of this change. | - | - | , F | | |
| Signatu | Lhace CANOL | DV. C | E V' | her Annintant III D | 1 4 | |
| DIRITALL | are of Registered Agent Corporation Service Company | D I : UI | ace E. Kir | by, Assistant Vice Presi- | aent | |

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