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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE : 349304

AUTHORIZATION :

7157369 eman

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\$ 25:00

COST LIMIT :

ORDER DATE : July 13, 2020

- ORDER TIME : 11:25 AM
- ORDER NO. : 349304-050
- CUSTOMER NO: 7157369

CHANGE OF AGENT

NAME: HBK ENGINEERING LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson Ext 62968

EXAMINER'S INITIALS:

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.

- (**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(υ,	′ <u> </u>	Mailing address of			
				2800 Post	ibility co			
			Houston, TX 77056					
	03/14/2016		1	M16000002	2114			
3.	Date of filing/registration in Florida	4.	-		Document num	iber		
ō. (a)								
	Registered Agent and Registered Office shown on the records of t CT CORPORATION SYSTEM	he Florid	da I	Dept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	55)				2	
	1200 SOUTH PINE ISLAND RD.						2620	
	PLANTATION	33324						
	, PL_						 	
(b)						-		
	Enter name of NEW Registered Agent and/or NEW Registered (Office a	ddr	<u></u>				,
	Corporation Service Company							
	NEW Registered Office Address:							
	1201 Hays Street							
	Tallahassee	32301						
gent w as/wei ie artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the egister ility co the lin mited l Cla	ed om nite liat	office and pany, it is l ed liability bility comp a Santos, Ass	the business of hereby confirm	fice of the ed that the otherwis	he regis he chan se provi	tered ge(s) ided in
	ire or member of authorized representative of a member			I	Printed or typed na	me of sign		
hereb ovisio	y accept the appointment as registered agent and agree ns of all statutes relative to the proper and complete pe gations of my position as registered agent as provided j y reflect a change in the registered office address, I he in writing of this change	e to act erforma for in C	' in anc Che	this capac ce of my du apter 605, J	tity. I further a ties, and I am F.S. Or, if this	gree to c amiliar documei	comply with an nt is bei	with the d accept ing filed
e oblis merel vijled	in writing of this charge.	leoyu	ong		e umitea itaoiti	ту сотра	any nas	Deen

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

Asst. Vice President

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