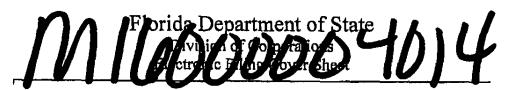
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000233928 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007

Fax Number

: (702)866-2500 : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

LLC REGISTERED AGENT CHANGE WIER BOERNER ALLIN ARCHITECTURE, PLLC

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WIER BOERNER ALLIN ARCHITE	<u>-</u>		
Name of I	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Kathy Shin			
Name of Person			
InCorp Services, Inc.			
Firm/Company			
3773 Howard Hughes Pkwy · Suite 500S		A: 2	
Address		ZIII SEP	
Las Vegas, NV 89169-6014		ASS P	3
City/State and Zip Code			**E
documents@incorp.com			! }
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, pleas	se call:	12 W	
Kathy Shin on behalf of InCorp Services, Inc. at	, 800 \ 246-2677		
Name of Person	Area Code & Daytime Telepho	one Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tulluhassee, Florida 32314		
Enclosed is a check for the following amou	unt:		
☑ \$25 Filing Fcc	S55 Filing Fee & Certified Copy		
-	a goo raing ree as certained copy		
INHS18 (2/14)			

H 140002339283

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.

I. 1	Name of the limited liability company: WIER BOERNE	R A	LLIN ARCHITECTUR	E, PLLC	
2. (a)	2906 North State St Suite 106, Jackson, MS 39216 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2727 Old Canton Road, Suite 200		(b) 2906 North State St Suite 106, Jackson, MS 39216 Molling address of limited liability company: (Nate: MAY BE POST OFFICE BOX) 2727 Old Canton Road, Suite 200		
	Jackson, MS 39216-4310		Jackson, MS 392	216-4310	
		•			
	05/16/2016		M16000004014		
3.	Date of filing/registration in Florida	4.	Docume	nt number	
5. (B	O'KEEFE, AMANDA				
(-	Registered Agent and Registered Office shown on the records of the	e Flo	rida Dept. of State:		
	629 E Davis Blvd	_			
	Registered Office Address (MUST BE FLORIDA STREET AD	DR	ESS)		
				2018	
	Tampa , FL		33604		
	Fb		 -	Pre: 173	
(P.	InCorp Services, Inc.			20 F	
` `	Enter name of NEW Registered Agent and/or NEW Registered O	ffice	address:		
	17888 67th Court North			5H =	
•	NEW Registered Office Address:			<u>~</u> ω	
					
	Levebateboe		33470	•	
	Loxahatchee, FL		33470		
the ch agent was/w	limited liability company is not organized under the laws lange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabivere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the line.	ic re ility the	gistered office and the le company, it is hereby c limited liability compan	business office of the registered confirmed that the change(s)	
/	af USU	ļ	ohn M. Ailin, III		
•	ature of a member or authorized representative of a member	_		typed name of signee	
I here provis the ob- to mer notifie	eby accept the appointment as registered agent and agree rions of all statutes relative to the proper and complete pe digations of my position as registered agent as provided f relytreflectfa change in the registered office address, I her all hydricing of this change. Kathy Shin		act in this capacity. I firmance of my duties, an in Chapter 605, F.S. Or confirm that the limited pehalf of InCorp Servi		
Signat	ure of Registered Agent	·• •		,	
	Division of Corporations P.O. Bo	x 63	127• Tollahassee, FL 3	2314	