

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**M1600004014**

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**To:**

Division of Corporations  
 Fax Number : (850) 617-6383

**From:**

Account Name : INCORP SERVICES INC  
 Account Number : I20120000007  
 Phone : (702) 866-2500  
 Fax Number : (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.\*\***

Email Address: documents@incorp.com

**LLC REGISTERED AGENT CHANGE**  
**WIER BOERNER ALLIN ARCHITECTURE, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 SEP 20 PM 4:54

TALLAHASSEE, FLORIDA

2016 SEP 20 P 12:43  
 TALLAHASSEE, FLORIDA

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SEP 21 2016  
 J. BRUCE

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H 160002339283

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WIER BOERNER ALLIN ARCHITECTURE, PLLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Shin

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy · Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Shin on behalf of InCorp Services, Inc. at ( 800 ) 246-2677

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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# 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. Name of the limited liability company: WIER BOERNER ALLIN ARCHITECTURE, PLLC

2. (a) 2908 North State St Suite 106, Jackson, MS 39216 (b) 2908 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

Jackson, MS 39216-4310

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2727 Old Canton Road, Suite 200

Jackson, MS 39216-4310

05/16/2016

M16000004014

3. Date of filing/registration in Florida

4. Document number

5. (a) O'KEEFE, AMANDA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

629 E Davis Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa

FL 33604

(b) InCorp Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee

FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

John M. Allin, III

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Kathy Shin on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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