

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Oncer.
L

Office Use Only



FULLAW OF STATE ALLAHASSEE FLOW

A. BUTLER OCT 1 0 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/7/2022

WALK IN

ENTITY NAME BLT ARCHITECTS GROUP, LLC

Certificate of Status

DOCUMENT NUMBER_____

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXX Plain Copy _____ Certified Copy

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting: _____

**APOSTILLE' / NOTARIAL CERTIFICATION **

TOTAL OWED § 25.00

ACCOUNT # I20160000072

4. i Dil

Please call Tina at the above number for any issues or concerns. Thank you so much!

TO: Registration Section Division of Corporations

SUBJECT: BLT ARCHITECTS GROUP, LLC

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:

C Runner

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

corporate@harborcompliance.com

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

For further information concerning this matter, please call:

C Runner

Name of Person

_₎ 837-3205

_{at (}717

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:

2 \$25 Filing Fee

S55 Filing Fee & Certified Copy

* 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.

1216 Arch St Fl 800	(b) <u>1216</u>	(b) 1216 Arch St FI 800	
Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
Philadelphia, PA 19107		elphia, PA 19107	
06/13/2019	 M1700	0000576	
Date of filing/registration in Florida	4.	Document number	
CT CORPORATION SYSTEM			
Registered Agent and Registered Office shown on the	records of the Florida Dept. of Sta	 ite:	
1200 S PINE ISLAND RD		0. 20	
Registered Office Address (MUST BE FLORIDA	<u>STREET ADDRESS)</u>	- 1 2022 OCT - 7 57012 1/10	
PLANTATION	33324		
		H 9: 05	
Registered Agents Inc.			
Registered Agents Inc.	Registered Office address:	EATE 05	
	Registered Office address:		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW 1</u>	Registered Office address:		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:		

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.

/s/Lawrence Perkins

Lawrence Perkins

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent

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

1

2

3

5