## 1000003

(	(Requestor's Name)						
(	(Address)						
	(Address)						
<del> (</del>	(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
	Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

## STATEMENT ÓF 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.	Na	me of the limited liability company: GMA ARCHITE	CTS, LI	LC				
2. (	a)	900 N ROCK HILL RD		(b) 900 N ROCK HILL RD				
<b>.</b> (	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	( • ,		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		ST LOUIS, MO 63119	_		ST LOUIS	S, MO 63119		
			_					
		03/23/2020		٨	<b>//20</b> 00000	3245		
3.		Date of filing/registration in Florida	4.	_		Document number		
5.	(a)					_		
		Registered Agent and Registered Office shown on the records of	the Florid	da I	Dept. of Stat	· · · · · · · · · · · · · · · · · · ·		
		REGISTERED AGENT SOLUTIONS, INC.				_		
		Registered Office Address (MUST BE FLORIDA STREET)	4DDRES	SS)				
		2894 REMINGTON GREEN LANE SUITE A	UITE A			23 J		
		TALLAHASSEE .FI.	32308			JAN-4		
(	b)	Enter name of NEW Registered Agent and/or NEW Registered						
		9						
		Corporation Service Company	55 <b>3 3</b>					
		NEW Registered Office Address:	-					
		1201 Hays Street	-					
		Tallahassee	32301					
char ager was the	nge nt w /we artic	mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the unrepeating agreement of	register ability c of the lin limited	red on nit lia	office and pany, it is ed liability combined to the second control of the second control	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in		
I he prov the c to m	reb visio obli vere	by success the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It I'm sgriting of this change.	perforn l for in iereby c	iar Ch :on	ice of my a papter 605 firm that t	huties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been		
Sign	atur	Linace C. Kinbly re of Registered Agent		ÇιΓ	ace E. Kit	by, Asst, Vice President		