P02000038029

| MEP STRUCTURAL Engineering & Inspections, Inc. 532 North Country Club Drive Atlantis, Florida 33462 | | | | |
|---|----------------|-------------|--|--|
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer. | | | | |
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Office Use Only



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TRANSMITTAL LETTER

| | ment Section n of Corporations | | |
|------------------|-------------------------------------|--------------------------|--|
| SUBJECT: M | EP Structural, Engineering & ! | nspections, Inc. | |
| | | (Name of corporat | ion) |
| DOCUMENT | NUMBER: P02000038029 | | |
| The enclosed S | tatement of Change of Registe | ered Office/Agent and | fee are submitted for filing. |
| Please return al | l correspondence concerning t | this matter to the follo | owing: |
| | | | |
| | Salvatore J. Giorlando | | |
| | | (Name of person) | |
| | | | |
| | | _ | |
| | | (Name of firm/comp | any) |
| | | | |
| 532 N. Co | untry Club Drive | (4.11) | 40.0 |
| | | (Address) | |
| | | | _ |
| Atlantis, | FL 33462 | (City/state and zip co | ode) |
| · · · · | | ` • | oue) |
| For further into | rmation concerning this matte | er, please call: | |
| | | | |
| Salvatore J. G | | | at (561) 718-9440 (Area code & daytime telephone number) |
| | (Name of person) | | (Area code & daytime telephone number) |
| Enclosed is a \$ | 35.00 check made payable to t | the Department of Sta | ate. |
| Ma | niling Address: | | Street Address: |
| An | nendment Section | | Street Address: Amendment Section |
| Div P.C | vision of Corporations D. Box 6327 | | Division of Corporations 409 E. Gaines Street |
| Tal | llahassee, FL 32314 | | Tallahassee, FL 32399 |

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| • | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, | this statement of |
|---|---|-------------------|
| = | itted for a corporation organized under the laws of the State of Florida | in order |
| to change its re | gistered office or registered agent, or both, in the State of Florida. | |
| 1. The name of | the corporation: MEP Structural, Engineering Inspections, Inc. | |
| 2. The principal | l office address: 3730 Coconut Creek Parkway, Suite 100 | |
| Coconut Cre | eek, FL 33066 | |
| 3. The mailing a | address (if different): 532 N. Country Club Drive | |
| Atlantis, FL | 33462 | |
| 4. Date of incor | poration/qualification: 4/1/02 Document number: P02000038029 | |
| | d street address of the current registered agent and registered office on file with the rtment of State: | |
| | Otto J. Letzelter | |
| | 3730 NW 145th Ave | 4.0 |
| | Miramar, FL 33027 | 题 第 T |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | OF RANGE FLOW |
| | Salvatore J. Giorlando | - F. S. S. |
| | 532 N. Country Club Drive | - Gr |
| | (P.O. Box or personal mailbox NOT acceptable) | |
| | Atlantis, FL 33462 | |
| The street addrect and the changed will be | ess of its registered office and the street address of the business office of its regist e identical. | ered agent, as |
| Such change wathe board, or the | as authorized by resolution duly adopted by its board of directors or by an officer e-corporation has been notified in writing of the change. | so authorized by |
| T | Otto J. Letzelter Mentality of aft officer or director) Otto J. Letzelter (Printed or typed name and | fitle |
| I hereby accept I further agree duties, and I an being filed mer been notified in | Tipe appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligation of my position as registered agent. Or, rely to reflect a change in the registered office address, I hereby confirm that the continuous change. | • |
| <u>S</u> « | (Signature of Registrated Agent) (Signature of Registrated Agent) (Date) | |
| If signing on be | ehalf of an entity: | |
| Salvatore J. Gi | | |
| | (Typed or Printed Name) (Capacity) | |

* * * FILING FEE: \$35.00 * * *