P12000112122

(Requestor's Name)

(Address)

(Address)

(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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2023 MAR 22 PM 12:53

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RECEIVED

A. BUTLER

MAR 23 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 03/22/2023

WALK IN

ENTITY NAME BAKER BARRIOS ARCHITECTS (NEW YORK), P.A.

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

XXXX *Plain Copy*

_____ *Certified Copy*

_____ *Certificate of Status*

_____ _____

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

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $ 35.00 ACCOUNT # I20160000072

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAKER BARRIOS ARCHITECTS (NEW YORK), P.A.
Name of Corporation

DOCUMENT NUMBER: P02000112122

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

L FERRELL
Name of Contact Person

HARBOR COMPLIANCE
Firm/Company

1830 COLONIAL VILLAGE LN
Address

LANCASTER, PA 17601
City/State and Zip Code

PROFESSIONAL@HARBORCOMPLIANCE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L FERRELL at (717) 459-9173
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: BAKER BARRIOS ARCHITECTS (NEW YORK), P.A.

2. The principal office address: 189 S ORANGE AVE STE 1700, ORLANDO, FL 32801

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/17/2002 Document number: P02000112122

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

2023 MAR 22 PM 12:5

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Timothy R. Baker
Signature of an officer or director

Timothy R. Baker, President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

03/22/2023
Date

If signing on behalf of an entity:

David Roberts
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE