(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Amendment Section Division of Corporations		·		
SUBJECT	EI ENGINEERING GROUP, II	NC.		
Name of Corporation				
DOCUMENT NUMBER:	ENT NUMBER:P05000130187			
The enclosed Statement of Change	of Registered Office/Agent ar	nd fee are submitted for fili	ing.	
Please return all correspondence co	oncerning this matter to the fol	lowing:		
Brittany Mar	ch-Cruz			
Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	-		
Atwell, L	-rc			
Firm/Company		-		
Two Towne Squa	are Suite 700			
Address	 -	-		
Southfield, M	11 48076			
City/State and Zip Code		•		
	statrep@cogencyglobal	.com		
E-mail address: (to be used for f	uture annual report notifica	tion)		
For further information concerning	this matter, please call:			
Brittany March-C	Cruz at (248 , 447-2	000	
Name of Contact Pe	erson Are	248) 447-2 ea Code & Daytime Teleph	one Number	
Enclosed is a \$35.00 check made p				
Mailing Address:	Street Ad	ldress:		
Mailing Address: Amendment Section	Amendm	Amendment Section		
Division of Corpora		Division of Corporations		
P.O. Box 6327	The Cent	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

Pursuant to the provisions of section statement of change is submitted for in order to change its regist	a corporation organized	under the laws of the Stat	e of Florida		
The name of the corporation:	BEI ENGINEERING GROUP, INC.				
2. The principal office address:	10511 SIX MILE	10511 SIX MILE CYPRESS PARKWAY SUITE 101			
	FT. MYERS, FL 3				
3. The mailing address (if different):					
4. Date of incorporation/qualification	9/21/2005 Document number:P05000130187				
5. The name and street address of the Florida Department of State: (If re	current registered agent		ile with the		
	GSK REGISTERED AGE	ENTS, INC.	202		
1	1380 ROYAL PALM SQUARE BLVD.				
	FT. MYERS, FL 33919				
6. The name and street address of the (if changed):	e new registered agent (if	changed) and /or register	2024 JAH 22 AM 8: 21 SEORE 1: (F. STATE ed office		
	Cogency Global	nc.			
	115 North Calhoun Stre	et, Suite 4			
	P.O. Box NOT	acceptable			
	Tallahassee, Florida	32301			
The street address of its registered as changed will be identical.	office and the street addr	ess of the business office	e of its registered agent.		
Such change was authorized by resauthorized by the board, or the corp	olution duly adopted by i poration has been notified	ts board of directors or b l in writing of the change	oy an officer so e.		
/s/ Matthew C. Bissett		Matthew C. Bisse	tt, President		
Signature of an officer or director	-	Printed or typed name	and title		
I hereby accept the appointment as I further agree to comply with the pot my duties, and I am familiar will document is being filed merely to re- corporation has been notified in wr	registered agent and ag provisions of all statutes in and accept the obligation effect a change in the reg uting of this change.	ee to act in this capacity relative to the proper and on of my position as regi istered office address. I	; d complete performance stered agent. Or, if this hereby confirm that the		
/s/ Christina Marasigan, Assi	. Secy.	1/22/20	24		
Signature of Registered Agent		Date	· -		
If signing on behalf of an entity:					
Cogency Global Inc.					
Typed or Printed Name					

FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)