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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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REGISTERED AGENT CHANGE TLA ARCHITECTS INC.

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S. PRATHER

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Help

By:

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

statement of cl	e provisions of sections 607.0502, 617.0502 hange is submitted for a corporation organic ler to change its registered office or register		
1. The name of	f the corporation: TLA ARCHITECTS INC.		
2. The principa	al office address: 3323 NE 163 RD, STE 200		
	NORTH MIAMI BEACH,	FL 33160	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 05/01/2006	Document number: P06000061438	
5. The name at	nd street address of the current registered ag artment of State: (If resigned, enter resigned	_	
	L'Ecuyer, Stephane		
	3323 NE 163rd Street, Suite 200		
	North Miami Beach, FI. 33160		
6. The name at (if changed)	nd street address of the new registered agent :	(if changed) and /or registered office	TALLAH/
	NRAI SERVICES, INC.		ASSI AAT
	1200 South Pine Island Road	į	M _O
	P.O. Box Plantation, Florida 33324	NOT acceptable	STATE FLORIC
The street add as changed wi	ress of its registered office and the street a Il be identical.	ddress of the business office of its registered	z- agent,
Such change vauthorized by	vas authorized by resolution duly adopted the board of vice opporation has been noti	by its board of directors or by an officer so fied in writing of the change.	
	\mathcal{M}	Stéphane L'ECUYER, President	
I hereby accept further agree of my duties, a document is be	ind I am familiar with and accept the oblig eing filed merely to reflect a change in the as been notified in writing of this change.	Printed or typed name and title agree to act in this capacity, es relative to the proper and complete perfor ation of my position as registered agent. Or, registered office address, I hereby confirm th	mance if this iat the
Kuda E	ES. INC. Linda Stauffer, Assistant Secretary	December 30, 2021	
5	nghanng Wi Registered Agent	Date	
If signing on b	ochalf of an entity:		
Linda Stauffer,	Assistant Secretary		
	Typed or Printed Name		
	* * * FILING FEL	> C15 00 ★ ☆ ★	

FILING FEE: \$35.00

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