Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations		C 12	
From:	Fax Number : (850)617-6380		AM IO:	
-	Account Name : C T CORPORATION SYSTEM	1 - 1 - 1	 ယ	
	Account Number : FCA000000023	רויז י	$\sim$	
	Phone : (614)280-3338			
	Fax Number : (954)208-0845			
	the email address for this business entity to be us nual report mailings. Enter only one email address (	please.**		1
Fm	ail Address:		; TA	LLEN
Cit	att Avvi C33.			3 <b>2019</b>

## REGISTERED AGENT CHANGE NOVA ENGINEERING AND ENVIRONMENTAL, INCORPORATED

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of Florida	a	_
		egistered agent, or both, in the State of Florida		
1. The name of	the corporation: NOVA ENGINEERI	NG AND ENVIRONMENTAL, INCORPORATE	:D	
2. The principa	l office address: 3900 KENNESAW 7	5 PKWY, STE. 100, KENNESAW, GA 30144		
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 06/23/2015	Document number: P15000053397		
	d street address of the current registe artment of State: (If resigned, enter re	red agent and registered office on file with the signed)	:	
	CORPORATION SERVICE COMPA	NY		21
	1201 HAYS ST.		***	2019 DEC
	TALLAHASSEE, FL 32301		٠	C 12
6. The name an (if changed):		agent (if changed) and /or registered office		
	C T Corporation System		r = -	ა
	do CT Corporation System, 1200 So	uth Pine Island Road	ر∴ا	, •
	P.O. Box	NOT acceptable		
	Plantation, Florida 33324			
		rect address of the business office of its regis		nt.
authorized by the	he board, or the corporation has bee	opted by its board of directors or by an officer in notified in writing of the change.		
Jin 2	The of an officer or director	Timothy L. Hall - Secretary/Treasurer		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi	Printed of typed name and title  at and agree to act in this capacity, statutes relative to the proper and complete and accept the obligation of my position as re reflect a change in the registered office addi ied in writing of this change.	gistered ess, l	
By: Marga	poration System  Land E Land  Touture of Registered Agent	12/12/19		_
	half of an entity: MARGARE	ET E. ROUY Zapiny  Amisters Strawny		
ī	yped 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
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