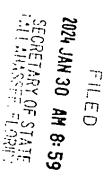


| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| UDEI, CO | | | |
| MAR 1 7 2024 | | | |
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01/30/24--01010--013 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: The Consulting Engineers Group-FL, Inc. | |
|--|--|
| Name of Corporation | |
| DOCUMENT NUMBER: P16000101155 | · · · · · · · · · · · · · · · · · · · |
| The enclosed Statement of Change of Registered Office/Agen | it and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the | following: |
| Kristen Bloss | |
| Name of Contact Person | |
| The Consulting Engineers Group-FL, Inc. | |
| Firm/Company | |
| 317 Wekiva Springs Road, Suite 200 | |
| Address | |
| Longwood, FL 32779 | |
| City/State and Zip Code | |
| engineers@ceg-fl.com | |
| E-mail address: (to be used for future annual report notif | ication) |
| | |
| For further information concerning this matter, please call: | |
| Kristen Bloss | 321 275-0580 x 124 Area Code & Daytime Telephone Number |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of | of State. |
| | Address: dment Section |

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

\mathtt{ST} "TEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | , | 517.0502, 607.1508, or 617.1508, Florida Statute, In organized under the laws of the State of <mark>Florida</mark> | | \$ |
|---|--|--|-------------------------|--------------------------------|
| | | r registered agent, or both, in the State of Florida | | |
| 1. The name of | he corporation: The Consulting Er | ngineers Group-FL, Inc. | | |
| 2. The principal | office address: 317 Wekiya Spring | s Road, Suite 200, Longwood, FL 32779 | | |
| | | | | |
| 4. Date of incor | poration/qualification: 01/01/2017 | Document number: P16000101155 | | |
| | I street address of the current regis tment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | | |
| | Christopher Ray | -i | ~ | |
| | 317 Wekiva Springs Road, Suite 2 | SECRE ALLAN | 2024 JAN 30 | |
| | Longwood, FL 32779 | TAR | ¥3 3 | 丁 二 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | 0 AM 8: | -ED |
| | Paul Arthur | | 59 | |
| | 317 Wekiva Springs Road, Suite 2 | 00 | | |
| | | P.O. Box NOT acceptable | | |
| | Longwood, FL 32779 | | | |
| The street address changed will | ss of its registered office and the be identical. | e street address of the business office of its regis | tered | l agent, |
| | , | adopted by its board of directors or by an officent seen notified in writing of the change. | гso | |
| Turf | Author | Paul C. Arthur, President | | |
| Signatu | e of an officer or director | Printed or typed name and title | | |
| I further agree of my duties, and document is bei | the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c | gent and agree to act in this capacity, all statutes relative to the proper and complete p the obligation of my position as registered agen ge in the registered office address, I hereby conf change. | verfo t. Oi irm t | rmance f if this hat the |
| Tung | Author | 01/23/2024 | | |
| Sig | nature of Registered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| Paul C. Arthur | | | | |
| Т | rped or Printed Name | - | | |

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