

Division of Corporations

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P22446

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

DE SUBMIT

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
RRMM ARCHITECTS, P.C.**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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November 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RRMM ARCHITECTS, P.C.
FAX FILINGC T CORPORATION SYSTEM**
CHESAPEAKE, VA 23320

DELINQUENCY

SUBJECT: RRMM ARCHITECTS, P.C.
REF: P22446

PLEASE RETURN TO
OFFICE OF REGISTRATION 11/17

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

An officer/director must sign the document authorizing the change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

FAX Aud. #: H14000267121
Letter Number: 014A00024438

RECEIVED
14 NOV 18 PM 12:21
OFFICE OF REGISTRATION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RRM ARCHITECTS, P.C.

Name of Corporation

DOCUMENT NUMBER: P22446

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:

Lori Sherwood

Name of Contact Person

RRM ARCHITECTS, P.C.

Firm/Company

1317 Executive Boulevard Suite 200

Address

CHESAPEAKE, VA 23320

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ()

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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 VA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RRMM ARCHITECTS, P.C.
2. The principal office address: 1317 EXECUTIVE BLVD, 200 CHESAPEAKE, VA 23320
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/30/1988 Document number: P22446
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

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

C T Corporation System

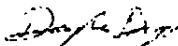
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.



Signature of an officer or director

Danijela Byers - Secretary

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.

By: C T Corporation System

Signature of Registered Agent

11/17/2014

Date

If signing on behalf of an entity:

Jordan Brown

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

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