Requester's Name Address City/State/Zip Phone # Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)	(Document #)	1000043405819 -06/04/0101127015 ****245.00 *****35.00
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4(Corporation Name)	(Document #)	255
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QU Foreign Limited Partnershi Reinstatement Trademark Other	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 11, 2001

RUDEN MCCLOSKEY AMITH SCHUSTER & RUSSELL, P.A. 2700 SUNTRUST FINANCIAL CENTRE 401 EAST JACKSON STREET TAMPA, FL 33602

SUBJECT: BILLES/MANNING ARCHITECTS, A PROFESSIONAL

CORPORATION Ref. Number: P30189

We have received your document for BILLES/MANNING ARCHITECTS, A PROFESSIONAL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 487-6957.

Doug Spitler Document Specialist

Letter Number: 001A00035778

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

he undersigned corporation organized under the laws of the State ofFlorida
the State of Florida. 1. The name of the corporation: Billes/Manning Architects, A Professional Corporation
2. The mailing address of the corporation: 650 Poydras Street, Suite 1250
New Orleans, LA 70130-6101
3. Date of incorporation/qualification: <u>-97/18/90</u> Document number: <u>P30189</u>
4. The name and address of the current registered agent and office:
Jeffrey Drew Butt, Esq. 201 E. Kennedy Blvd., Ste. 1000 Tampa, FL 33602
of. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Jeffrey Drew Butt, Esq.
401 East Jackson Street, Suite 2700 Tampa, FL 33602
The street address of its registered office and the street address of the business office of its registered igent, 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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Adving been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.
(Date)
f signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(9/00) Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
The corporation has been notified in writing,