Fax Server



t this page and use it as a cover sheet. Type the fax audi

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.

Electronic Filing Cover Sheet

(((H10000019478 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

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 BOYKEN INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

10 JAN 28 PM 2: 42 SECRETARY OF STATE SALLAHASSEE, FLORIDA

PECEIVE::
010 JAN 28 AH 8: 01
SECRETARY OF STATE
ALLAHASSEE, FLORIO

PA Coch

Electronic Filing Menu

Corporate Filing Menu

Help

Roberts MAN 8 8 2019

COVER LETTER

	endment Section ision of Corporations						
SUBJECT:	Boyken International, Inc.						
BODODOX.	(Name of Corporation)						
DOCUMEN	VT NUMBER: P38257						
The enclosed	d Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return	all correspondence concerning this matter to the following:						
	Erin E. Leschak						
(Name of Contact Person)							
	c/o Hill International, Inc.						
	(Firm/Company)						
303 Lippincott Centre							
(Address)							
	Marlton, NJ 08053						
	(City/State and Zip Code)						
For further is	nformation concerning this matter, please call:						
Paula M	(Name of Contact Person) at (856) 552-6732 (Area Code & Daytime Telephone Number)						
	(Manie of Confact Ferson) (Mea Code & Daytine Telephono Miniotr)						
Enclosed is a	a \$35.00 check made payable to the Department of State.						
	Malling Address: Street Address:						
	Amendment Section Amendment Section Division of Corporations Division of Corporations						
	P.O. Box 6327 Clifton Building						
	Tallahassee, FL 32314 2661 Executive Center Circle						

Tallahassee, FL 32301

CR2E045 (8/05)

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

Pursuant to the provisions of section statement of change is submitted for in order to change its regis	a corporation organize	d under the laws of th	he State ofG	eorgi		
1. The name of the corporation:	Boyken Intern	ational, Inc	! .			
2. The principal office address:	400 Northridg	e Road, Suit	te 1200,	Atlar	nta.	
z. The principal orrico address	Georgia 3035		<u> </u>			
3. The mailing address (if different): Centre, Marlton,	c/o Hill Int	ernational,	Inc.	303 L	ippincot	t
4. Date of incorporation/qualification	a:April 9, 199	2 Document number	r: P38257		· · · · · · · · · · · · · · · · · · ·	
5. The name and street address of the Florida Department of State:	e current registered ager	nt and registered offic	e on file with th	1C-		
CT Corpo	ration System	n			TAL	5
1200 Sc	outh Pine Isla	ind Road			SE .	
Plantat	ion, FL 33324	4				128
6. The name and street address of the (if changed):	new registered agent (if changed) and /or re	gistered office		SEE, FL	PM 2
Corporation Serv	ice Company				9	2: 42 STATE
1201 Hays Street		•			DA A	
	(P.O. Box NOT acceptable)					
Tallahassee, FL_						
The street address of its registered to as changed will be identical.	office and the street ad	dress of the business	office of its re	gistered	agent,	
Such change was authorized by reseauthorized by the board, or the corp	olution duly adopted by oration has been notifi	y its board of directo ed in writing of the	ors or by an off change.	icer so		
\ Nella 1 1	<u> </u>	William H.	Dengler,	Jr.	Secretar	У
(Signalise of an officer of director) I hereby accept the appointment as I further agree to comply with the p of my dutles, and I am familiar with document is being filed merely to re corporation has been notified in writ Corporation Service Compa:	registered agent and a rovisions of all statute, and accept the obliga flect a change in the re liting of this change.	gree to act in this cost relative to the prop tion of my position a egistered office addr	, ,	te perfoi cent. Oi onfirm t	rmance , if this hat the	
By Alfature of Registered Agort	Magne		1/25/2 Date)	010		
If signing on behalf of an entity:						
Jacqueline N. Casper, (Typed or Printed Name)	Assistant VP					
	* * * FILING FEE:	\$25.00 + + +				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)