(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:
COMEGU
MAR 1 U 2024





100422726651

01/30/24--01020--025 \*\*35.00

2024 JAN 30 AM 9: 12
SECRETARY OF STATE



Amendment Section Division of Corporations TO:

SUBJECT: The Consulting Engineers Group, Inc.  Name of Corporation	
DOCUMENT NUMBER: P38747	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Kristen Bloss	
Name of Contact Person	
The Consulting Engineers Group, Inc.	
Firm/Company	
16302 Pleasantville Road, Suite 100	
Address	<del></del>
San Antonio, TX 78233	
City/State and Zip Code	
engineers@cegtex.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, pleas	se call:
Kristen Bloss	at (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 State.

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Statutes, this a organized under the laws of the State of <u>Texas</u> rregistered agent, or both, in the State of Florida.	<u> </u>
I. The name of	the corporation: The Consulting En	ngineers Group, Inc.	
		Road, Suite 100, San Antonio, TX 78233	
2. The mailing	address (if different)		
The maning a     Date of incor	representation/qualification: 05/12/1992	Document number: P38747	
5. The name an		stered agent and registered office on file with the	
	Christopher Ray	ECRE	
	317 Wekiva Springs Road, Suite 2	SECRETARY FALL All ASSE	Ξ
	Longwood, FL 32779	OF S	ΕD
6. The name an (if changed):		red agent (if changed) and /or registered office.	
	Paul Arthur		
	317 Wekiva Springs Road, Suite 2	00	
	1 71 22770	P.O Box NOT acceptable	
	Longwood, FL 32779		
The street addr as changed wil	ess of its registered office and the lbe identical.	street address of the business office of its registered	l agent,
Such change w	as authorized by resolution duly a he beard, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.	
the state of the s	6 har	David Nasser, President	
-	ure of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered as to comply with the provisions of and I am familiar with and accept ing filed merely to reflect a chang s been notified in writing of this o	zent and agree to act in this capacity, all statutes relative to the proper and complete perfo the obligation of my position as registered agent. Or ze in the registered office address. I hereby confirm t change.	rmance r, if this that the
1	Author	01/23/2024	
	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Paul C. Arthur		_	
٦	Typed or Printed Name		

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