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| Certified Copies | Certificate | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: PEGRULP CONSULTANG ENGENEERS, INC. Name of Corporation | | | |
|---|--|--|--|
| DOCUMENT NUMBER: P93 0000 19878 | | | |
| 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: | | | |
| | | | |
| Name of Contact Person | | | |
| Name of Contact Person | | | |
| PERROUP Consultant ENGOPEERS DUC | | | |
| Po Box 266348 | | | |
| Tradition . | | | |
| Wrstorf FL 33326 City/State and Zip Code | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| | | | |
| For further information concerning this matter, please call: | | | |
| LEDMANDA PENEDA 305, 655-1115 | | | |
| Name of Contact Person at (305) 655 - (115) Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| | | | |
| Mailing 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 | | | |

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 Florida. in order to change its registered office or registered agent, or both, in the State of Florida. | |
|--|---|
| 1. The name of the corporation: PEGROUP CONSULTANT ENGENEERS, FMC. | |
| 2. The principal office address: 1040 WESTON RUAD, SULTE 210 | |
| WESTON FL 33326 | |
| 3. The mailing address (if different): PO Box 266348 | |
| WESTUR, PL 33326 | |
| 4. Date of incorporation/qualification: 3/11/1993 Document number: P9300001987 | 3 |
| 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) CHIGOM 5. MC LOUND | |
| MUYAME, PL 33015 | n |
| MUAMIT, FL 33015 AAA 3 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the street address of the street agent (if changed) and /or registered of the street address | |
| 1040 WESTUN RUAD, SUITE ZIO | |
| 1040 WESTON RUAD, SUITE 210 WESTON FL 33326 | |
| 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. | |
| Separature of an officer or director Printed or typed name and title | P |
| 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. | |
| Signature of Registered Agent 7/20/18 Date | |
| If signing on behalf of an entity: | |
| Typed or Printed Name | |

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