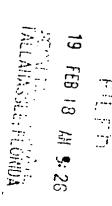
PISONIO AL

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
<u> </u>					

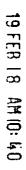




900323954039



FEB 1 9 2019 S. YOUNG





115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/15/2019	
Name:	Merritt Walker	
Reference a	#:1047751	
		TS AND ENGINEERS, P.A.
☐ Artic	les of Incorporation/Authorization t	o Transact Business
☐ Ame	ndment	
✓ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Diss	olution/Withdrawal	
☐ Fictit	tious Name	
Othe	er	
Authorized .	Amount: \$35	
Signature:		

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

statement of cha	provisions of sections 607.050. nge is submitted for a corpora r to change its registered office	tion organized	under the laws	of the State o	fFlorida	
1. The name of t	he corporation:	HASKELL AI	RCHITECTS A	ND ENGINE	ERS, P.A.	
2. The principal	office address:					
	No Changes					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:12	//02/1998	Document nu	mber:	P98000100296	
	I street address of the current re tment of State: (If resigned, en	-	and registered	office on file	with the	
	RAX CO. C/O MCGI	JIRE, WOOD:	S, BATTLE & E	BOOTHE LLF	5 528 79	
	50 NORTH LAURA ST. 3300 BARNETT CENTER					
	Jacksonville		FL	32202	18 81	
6. The name and (if changed):	I street address of the new regis	-	-	or registered (FEB 18 MM \$ 26	
		DGENCY GLO	DEAL INC.		- '	
		Calhoun Stre			_	
	r Tallahassee	O. Box NOT accep	Florida	32301		
	Tallatiassec		Tionda		_	
The street addre	ess of its registered office and be identical.	the street addr	ess of the busin	ness office of	its registered agent,	
	s authorized by resolution dul e board, or the corporation ha				n officer so	
/S/ F	rancis P. Mangin		Francis P. M.	angin	President	
Signatui	re of an officer or director		Printed o	or typed name and	title	
I further agree t performance of agent. Or, if thi	the appointment as registerea to comply with the provisions my duties, and I am familiar v is document is being filed mer that the corporation has been	of all statutes : vith and accep elv to reflect a	relative to the p of the obligation change in the	proper and co n of my position registered off	on as registered	
/S/ T	im Mayville		Fe	bruary 15, 20	19	
Sign	nature of Registered Agent			Date Date		
If signing on bel	half of an entity:					
	, Assistant Secretary					
Ту	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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