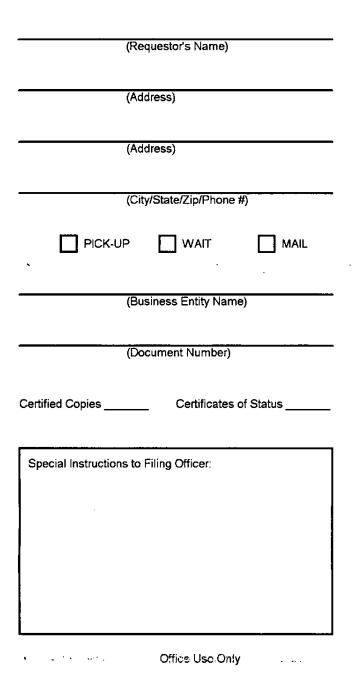
## 857975





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12/23/14--01010-;006 \*\*35.00

TILED 23 PH 3 45

Ra change

## COVER LETTER

**TO:** Amendment Section Division of Corporations

CAMPBELL & ASSOCIATES CONSULTING ENGINEERS, INC.	
Name of Corporation	
DOCUMENT NUMBER: 857975	
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:	
Samantha Campbell	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd., Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
clientservices@rasi.com ₹a ≠	
E-mail address: (to be used for future annual report notification)	
	•
For further information concerning this matter, please call:	1
Samantha Campbell 💢 🐰 888 🖫 705-7274 🚊 😡 🤍	ز
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Texas are to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: CAMPBELL & ASSOCIATES CONSULTING ENGINEERS, INC	•
	office address:	_
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 10/04/1983	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	CT CORPORATION SYSTEM	
	1200 S. PINE ISLAND ROAD	
	PLANTATION, FL 33324	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Registered Agent Solutions, Inc.	
	155 Office Plaza Dr., Suite A	4/47
	P.O. Box NOT acceptable  Tallahassee, FL 32301	,-a
as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, of the change.	
Signate	Stephen J. Campbell, President Printed or typed name and title	
agent. Or, if the hereby confirm  September 1 September 2 Septembe	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.    1	
	ght, Asst. Secretary  [Vined or Printed Name]	

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