## M23000013647

(Requestor's Name)				
(Address)				
V				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Enlity Name)				
(Standard Linky Hallo)				
(Document Number)				
Certified Copies Certificates of Status				
- <del> </del>				
······································				
Special Instructions to Filing Officer:				

Office Use Only



700422521097

LLC RA 7 PO change

2024 JAN 25 PH 12: 06

2024 JAN 26 AM 14: 16

A. RAMSEY JAN 29. 2024



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

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date:	01/26/2024				
Name:_	Patrice Rush				
Referen	nce #: <b>2241818</b>				
Entity Name: GTP CONSULTING ENGINEERS, LLC					
	Articles of Incorporation/Authorization (	o Transact Business			
✓ Change of Agent					
F	Reinstatement				
	Conversion				
	Merger				
☐ Dissolution/Withdrawal					
	Fictitious Name				
	Other	<del></del>			
Authoriz Signatu	zed Amount: \$25.00				

F: +852.2682.9790

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

1. N	ame of the limited liability company:GTP	CONSULTIN	NG ENGINEERS, LLC
2. (a)		(b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No	Change
	October 24, 2023		M23000013647
3.	Date of filing/registration in Florida	4.	Document number
5. (a	NCORP SERVICES, INC.		202
(	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept. o	of State:
	3458 LAKESHORE DRIVE		of State:
	Registered Office Address (MUST BF, FI,ORID.4 STR	EET ADDRESS)	of State:
	TALLAHASSEE	_, <sub>FL</sub> _32312	
(b)			
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	_, <sub>FL_</sub> 32301	
the ch agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement or the	ess of the registered ted liability compan- pers of the limited liability of the limited liability Peter C. No	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. osek, Sr. VP, Legal & General Counsel, ga Corporation, Manager
	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	thy accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro- ely reflect a change in the registered office addre- ed in writing of this change.	olete performance o	f my duties, and Lam familiar with and accept

Signature of Registered Agent

/s/ Tim Mayville

Tim Mayville, Assistant Secretary