

P03000136977

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Danze + Davis Architects Inc
Name of Corporation

DOCUMENT NUMBER: P03000136977

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:

Kim Laudenslager
Name of Contact Person

Danze + Davis Architects Inc.
Firm/Company

PO Box 26009
Address

Austin, TX 78755
City/State and Zip Code

KimC.danze - davis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Laudenslager at (512) 343-0714
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2010

DANZE & DAVIS, INC.
% KIM
P.O. BOX 26009
AUSTIN, TX 78755

SUBJECT: DANZE & DAVIS, INC.
Ref. Number: P03000136977

We have received your document for DANZE & DAVIS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 710A00005469

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DANZE & DAVIS, Inc.
2. The principal office address: 4700 Spicewood Springs Rd
Austin TX 78759
3. The mailing address (if different): PO Box 26009
Austin TX 78755
4. Date of incorporation/qualification: _____ Document number: P03000136977
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)

Jim Zirkel
580 Cape Cod Lane Suite 9
Altamonte Springs FL 32714

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jim Zirkel
157 E. Lake Brantley Dr.
P.O. Box NOT acceptable
Longwood, FL 32779

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.


Signature of an officer or director

GARY WAGNER - PRINCIPAL
Printed or typed name and title

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

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF
CORPORATIONS