

PII 000068040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

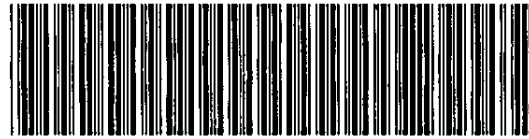
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C. LEWIS

JUL 25 2013

EXAMINER

ENVIRONMENTAL ARCHITECTURE

# NEWMAN MARCHIVE CARLISLE INCORPORATED

A FULL SERVICE ARCHITECTURE, PLANNING, AND BUILDING ENVIRONMENTAL CONSULTING FIRM

July 19, 2013

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Change of Registered Agent

Please find attached the Statement of Change for Registered Agent for Newman  
Marchive Carlisle, Inc.

Also attached is Check Number 13129 in the amount of \$35.00 to process the  
change.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Tracee Frybarger  
Project Coordinator

tf  
Attachments  
C:\Users\traceef.NEWMAN\Documents\Corporate Documents\FloridaSOS07192013.docx

#### PARTNERS

MICHAEL T. NEWMAN, ARCHITECT, AIA, REM, NCARB  
LAUREN F. MARCHIVE III, ARCHITECT, AIA, NCARB  
JOHN W. CARLISLE, ENVIRONMENTAL MANAGER - CCCA

#### ASSOCIATE

SYLVIA B. NEWMAN

#### SERVICES

ARCHITECTURE  
MASTER PLANNING  
INDOOR AIR QUALITY  
ASBESTOS, LEAD, MOLD  
FACILITY EVALUATIONS  
PROJECT MANAGEMENT  
REAL ESTATE DEVELOPMENT  
THERMAL/INFRARED INSPECTIONS

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

1. The name of the corporation: Newman Marchive Carlisle, Inc.
2. The principal office address: 2800 Youree Drive, Suite 310  
Shreveport, Louisiana 71104
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/25/2011 Document number: P11000068040
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)

Laszio Korbuly  
250 Capstan Drive  
Placida, Florida 33946

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

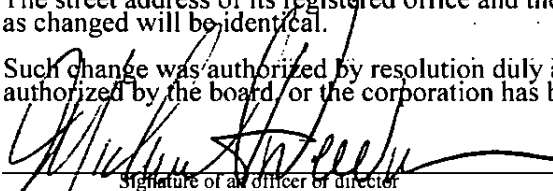
Don Jehle  
2111 Whaley Avenue  
Pensacola, Florida 32503

P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

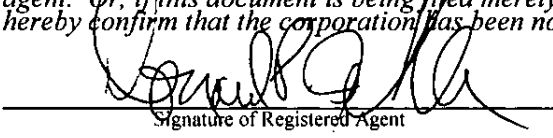
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Michael T. Newman, President  
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

7/16/13  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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