

419000 000 100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400335084884

10/03/19--0100E--017 \*\*25.00

2019 OCT -3 PM12:53

710

C GOLDEN

OCT 24 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THE STRUCTURE GROUP INC OF FLORIDA  
Name of Corporation

DOCUMENT NUMBER: F19000000100

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:

PAMELA HENRY

Name of Contact Person

THE STRUCTURE GROUP INC OF FLORIDA

Firm/Company

218 E BEARSS AVE, SUITE 411

Address

TAMPA, FL 33613

City/State and Zip Code

JOHNHENRYSCULPTOR @GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHERINE BROOKER

Name of Contact Person

at (352) 777-4132

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**

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

1. The name of the corporation: THE STRUCTURE GROUP INC OF FLORIDA
2. The principal office address: 218 E BEARSS AVE, SUITE 411  
TAMPA, FL 33613
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/07/2019 Document number: F19000000100

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)

NRAI SERVICES, INC

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

PAMELA HENRY

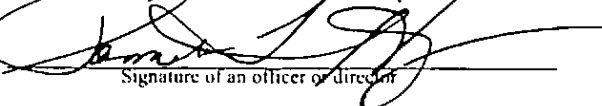
218 E BEARSS AVE, SUITE 411

P.O. Box NOT acceptable

TAMPA, FL 33613

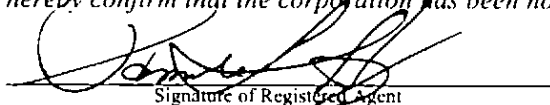
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

PAMELA HENRY, Vice 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

9/20/19  
Date

If signing on behalf of an entity:

PAMELA HENRY

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

2019 OCT -3 PM 12:53