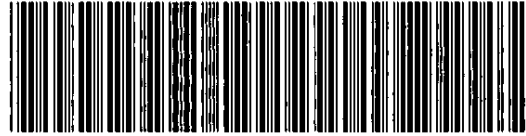


LD91000086623



900183482859

07/22/10--01023--008 **35.00

(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:

L. SELLERS

AUG 5 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shop Drawing Solutions, L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert C Sherman
Name of Person

Shop Drawing Solutions, L.L.C.
Firm/Company

2404 Forecastle Dr
Address

Palm Harbor, FL. 34685-1613
City/State and Zip Code

bob@shopdrawingsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert C Sherman at (727) 324-9397
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2010

ROBERT C. SHERMAN
2404 FORECASTLE DRIVE
PALM HARBOR, FL 34685

SUBJECT: SHOP DRAWING SOLUTIONS, LLC
Ref. Number: L09000086623

We have received your document for SHOP DRAWING SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 510A00018162

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

Pursuant to the provisions of sections 608.416 or 608.508, 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 Florida.

1. Name of the limited liability company: Shop Drawing Solutions, L.L.C.

2. (a) Principal office address of limited liability company: 2404 Forecastle Dr

(Note: **MUST BE STREET ADDRESS**) Palm Harbor, FL 34685-1613

(b) Mailing address of limited liability company: 2404 Forecastle Dr

(Note: **MAY BE POST OFFICE BOX**) Palm Harbor, FL 34685-1613

09/08/2009
3. Date of filing/registration in Florida

L09000086623
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATION SERVICE COMPANY,

Registered Office Address: 1201 HAYS STREET
TALLAHASSEE FL 32301 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Robert C Sherman

NEW Registered Office Address: 2404 Forecastle Dr.

(MUST BE FLORIDA STREET ADDRESS) Palm Harbor, FL 34685-1613

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert C. Sherman
Signature of a member or authorized representative of a member

Robert C Sherman
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robert C. Sherman
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
 AUG - 4 AM 11:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA