L23000520628

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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01/22/24--01018--005 **25.00

2024 JAN-22 AM II: 43



	5.	COVER	LETTER	
TÖ:	Registration Section		r	
	Division of Corporations			
SUBJE	Drummond Structures LLC			
		ame of Limited	iability Company	-
Dear Si	r or Madam:			
The enc	losed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning	this matter to the	following:	
			•	
Camero	n Biddy			
	Name of Person	- .		
ZenBusi	ness Inc.			2024 JAN 22 AM 11: 43
	Firm/Company			
			7.1 7.1	22
336 E. C	College Ave. Suite 301		NSSE 	
	Address		interior de la constant de la consta	17 F
Tallahas	see, FL 32301			而心
	City/State and Zip Code	!	_	
ra@zent	ousiness.com			
Ë-	mail address: (to be used for future a	nnual report noti	fication)	
For furt	her information concerning this matte	er, please call:		
Camero	n Biddy	844	493-6249	
	Name of Person	at ()	er
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following	ng amount:		
	■ \$25 Filing Fee	<u> </u>	355 Filing Fee & Certified Copy	

INHS18 (2/14)

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 Florida.

1. Na	une of the limited liability company:	STRUCI	TUR	ES LLC	
2. (a)	4505 78TH LANE NORTH		(b)	4505 78TH LAN	E NORTH
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing	address of limited liability company: :: MAY BE POST OFFICE BOX)
	ST. PETERSBURG, FL 33709			ST. PETERSBUI	RG, FL 33709
	11/17/2023		1	.23000520628	
3.	Date of filing/registration in Florida	 4.	_	, <u>.</u>	ment number
5. (a)	DRIMMOND BRIAN	•		0000	nent namber
	Registered Agent and Registered Office shown on the records of 4505 78TH LANE NORTH	f the Flor	ida I	Dept. of State:	20
	Registered Office Address (MUST BE FLORIDA STREET		FILE 2024 JAN 22		
	ST. PETERSBURG . F	 L33709	1		18 22 L
(b) .	ZenBusiness Inc.				ASSEE, FL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ress:	FL S		
	336 E. College Ave.				•
	NEW Registered Office Address:				
	Suite 301				
	Tallahassee F	L <u>32301</u>			
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe lability of the li	ered com imit	office and the b pany, it is hereb ed liability comp	usiness office of the registered by confirmed that the change(s)
	Brian Drummond	В	rian	Drummond	
_	ture of a member or authorized representative of a member				d or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I writing of this change.	ree to a perfori d for in hereby	et ii mar Ch con	n this capacity ace of my duties, apter 605, F.S. firm that the lim	l further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been
Signatur	re of Registered Agent				
	· · · · · · · · · · · · · · · · · · ·				

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