

MI4 0000002558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

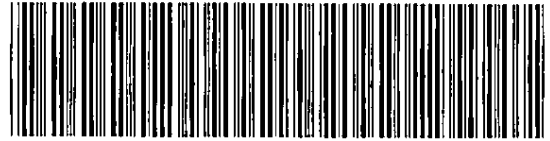
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
JUL - 3 2024

Office Use Only



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2024 JUL - 2 11:00 24

RECEIVED  
2024 JUL - 2 AM 11:16  
STATE OF MICHIGAN  
CLERK OF SUPERIOR COURT

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 518183 8453944

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 26, 2024

ORDER TIME : 4:34 PM

ORDER NO. : 518183-003

CUSTOMER NO: 8453944

CHANGE OF AGENT

NAME: STRUCTURE SIGHT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: \_\_\_\_\_

**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. Name of the limited liability company: STRUCTURE SIGHT LLC

2. (a) 119 E FRANKLIN STREET (b) PO BOX 351

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

BELLBROOK, OH 45305

BELLBROOK, OH 45305

04/11/2014

M14000002558

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3458 LAKESHORE DRIVE

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

TALLAHASSEE, FL 32312

(b)

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

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

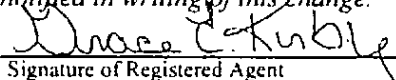
/s/Tommy Nicholson

Tommy Nicholson, Member

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 605, 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.*



Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

CSC 518183 003