P00000046574

(Requestor's Name)
(Address)
(Address)
(1881.555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document (Minisor)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



100062067171

12/12/05--01019--009 **35.00

DIVISION OF CORPORATION

05 DEC 12 PM 12: 14

RA Change 12/16/05

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Structural Design Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: POCOCO 46574
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:
Angel Ger H) (Name of Contact Person)
Structural Design Services, Inc
613 Sprucewood Circle
A14, Sprs, F1 32714 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 290-2799 (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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Structural Vesign Services, JAC.
2. The principal office address: 531 5R 434, 5te 2005
Altamonte Springs, Fl 32714
3. The mailing address (if different):
4. Date of incorporation/qualification: OS/08/2000 Document number: POODOX 46574
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Karan S. Bowmen
2342 Robert D Road ST SEE
- MOUNT PAIG FI JO / J
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
thous Gerth == ==
1013 Sprice word Circle
(B)O. Box NOT acceptable)
HI4. Sprs, F1 32714
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.
J Jeffer 7.
(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 potified in writing of this change.
c/ hr = 00 / 6 (18)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Proted Name)

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