VD6390

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Primary Structures, Inc. of Clearwater Name of Corporation	
DOCUMENT NUMBER: V06390	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Michael McCord	
Name of Contact Person	
Primary Structures, Inc. of Clearwater	
Firm/Company	,
18395 Gulf BLVD, STE 104	
Address	* · · · · · · · · · · · · · · · · · · ·
Indian Shores, FL 33785	
City/State and Zip Code	
Mike McCord <mrmmccord< td=""><td>@aol.com></td></mrmmccord<>	@aol.com>
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,]	please call:
Michael McCord	at (727) 723-9956 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: PRIMARY STRUCTURES, INC. OF CLEARWATER
2. The principal	office address: 18395 Gulf Blvd, Suite 104, Indian Shores, FL 33785
3. The mailing a	address (if different):
4. Date of incom	poration/qualification: 9/14/1992 Document number: V06390
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Tom Jennings
	711 PINELLAS STREET
	CLEARWATER, FL 33756-3426
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Michael McCord
	18395 Gulf Boulevard, Suite 104
	P.O. Box NOT acceptable
	Indian Shores, FL 33785
The street address changed will	ess of its registered office and the street address of the business office of its registered agent be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
MU	Michael McCord
Signatu	re of an officer or director Printed or typed name and title
I further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
Sign	nature of Registered Agent Date
If signing on be	half of an entity:
Т;	yped 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