that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT J HEADLEY

Electronic Signature of Signing Authorized Person(s) Detail

3544 S. FLORIDA AVENUE LAKELAND, FL 33803

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# L0500006726

3544 S. FLORIDA AVENUE LAKELAND. FL 33803

FEI Number: 20-2214257

Name and Address of Current Registered Agent:

Entity Name: HEADLEY INSURANCE AGENCY, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

HEADLEY, SCOTT J 3544 S. FLORIDA AVENUE LAKELAND, FL 33803 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	SCOTT J HEADLEY			01/16/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	HEADLEY, SCOTT J	Name	HEADLEY, SHARI J	
Address	3544 S. FLORIDA AVENUE	Address	3544 S. FLORIDA AVENUE	
City-State-Zip:	LAKELAND FL 33803	City-State-Zip:	LAKELAND FL 33803	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

OWNER

01/16/2020

FILED Jan 16, 2020 Secretary of State 4301485988CC

Certificate of Status Desired: No

Date