

B14000000078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

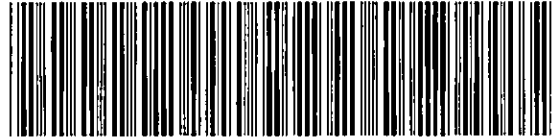
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000438577130

11/06/24--01001--004 *\$15.00

RECEIVED

FILED

2024 NOV -5 PM 2:52

2024 NOV -5 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HENDERSON PENN COURT ASSOCIATES

II LP

Signature _____

Requested by: BA

1/09/23

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

174 Pender's Printing • Thomasville, GA 30762

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ✓ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ ✓ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HENDERSON PENN COURT ASSOCIATES II LP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B14000000078

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NICOLE PORRAS

Contact Person

FILEJET INC

Firm/Company

10440 PIONEER BLVD STE 8

Address

SANTA FE SPRINGS, CA 90670

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE PORRAS

at (562) 906-1635

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HENDERSON PENN COURT ASSOCIATES II LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/18/2014 3. B14000000078
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ULLIAN, MICHAEL S
Name

1800 PENN ST STE 11
Address

MELBOURNE, FL 32901
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

FILEJET INC.
Name

625 E. TWIGGS ST. STE 110
Florida street address (P.O. Box not acceptable)

TAMPA FL 33602
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

John Coyle
Signature of General Partner

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
2024 NOV -5 AM 9:01
TALLAHASSEE, FLORIDA