F160000004431

	Requestor's Name)	
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(<i>f</i>	Address)	<u> </u>
(<i>F</i>	Address)	
	Dity/State/Zip/Phone	
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PICK-UP	MAIT	MAIL
(E	Business Entity Nan	ne)
······································	Document Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
	J. HORNE	
	JUL 1 2 2024	
	JUL 17 TOL	

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06/12/24--01035--006 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: HENNINGSON, DURHAM & RICH	IARDSON, INC.
Name o	of Corporation	
DOCU	MENT NUMBER: F16000004421	
The en	closed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
	return all correspondence concerning th	_
C Willi	ams	
Name o	of Contact Person	
	Compliance	
	ompany	
	olonial Village Lane	
Addres	S	
Lancast	er, PA 17601	
City/Sta	ate and Zip Code	
	professional@harborcompli	ance.com
E-mail	address: (to be used for future annua	al report notification)
For furt	her information concerning this matter,	please call:
C Willia	ams	31,717 \ 844-9912
	Name of Contact Person	at (717) 844-9912 Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the	Department of State.
		/ }
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corporation org	9502, 607.1508, or 617.1508. Florida Statutes ganized under the laws of the State of Delawat sistered agent, or both, in the State of Florida.	re
	the corporation: HENNINGSON, DUR	· ·	
2. The principal	l office address: 1917 S. 67th Street On	naha, NE 68106	
3. The mailing :	address (if different):		
4. Date of incor	poration/qualification:	Document number: F16000004421	
5. The name and Florida Depa	d street address of the current registered rument of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	7024 JC
	Registered Agents Inc		
	7901 4th St N Ste 300		FQ :
		Box NOT acceptable	
	St. Petersburg, FL 33702		3: O4
The street address changed will	ess of its registered office and the stre- be identical.	et address of the business office of its registe	ered agent,
=		ted by its board of directors or by an officer so	
	il A. Graff re of an other or interior	Neil A. Graff President	
		Printed or typed name and title	
of my duties, an document is bei	the appointment as registered agent of to comply with the provisions of all sta d I am familiar with and accept the of ng filed merely to reflect a change in theen notified in writing of this chang	attites relative to the proper and complete pe bligation of my position as registered agent, the registered office address I becally conti-	erformance Or, if this rm that the
Da	vid Roberta	06/09/2024	
_	half of an entity:	Date	
	David Roberts		
Ту	rped or Printed Name		

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