## F9600000 4585

(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



600234734026



05/07/12--01023--005 \*\*35.00



100R 5/10/12

## **COVER LETTER**

₹.

TO: Amendment Secti Division of Corpo						
SUBJECT: Henderson Engineers, Inc.  Name of Corporation						
DOCUMENT NUMBER	:F96	6000004585				
		ice/Agent and fee are submit	ted for filing.			
Please return all correspondence concerning this matter to the following:						
•	<b></b>					
•	Anita (	Connelly				
Anita Connelly  Name of Contact Person						
Henderson Engineers, Inc.						
		Company	<del>.</del>			
8325 Lenexa Drive Address						
	Ad	dress				
1	•	3.5				
Lenexa, KS_66214						
City/State and Zip Code						
dana.kettle@hei-eng.com						
E-mail address: (to be used for future annual report notification)						
·						
For further information con	ncerning this matter, please	call:				
Anita Conne	elly/Dana Kettle	at ( 913 )	742-5000			
Name of Co	ontact Person	Area Code & Daytin	ne Telephone Number			
Enclosed is a \$35.00 check	made payable to the Depa	rtment of State.				
M	ailing Address:	Street Address:				
Ai	mendment Section	Amendment Sec	ction			
	vision of Corporations	Division of Cor	-			
	O. Box 6327 Ilahassee FL 32314	Clifton Buildin				
1 2	11/411/48SEE FT 1/31/4	2.001 F.XCC.101VC	a cemera ancie			

Tallahassee, FL 32301

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

statement of cha	ngè is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stal	te of Missouri
1. The name of	the corporation: Hende	erson Engine	ers, Inc	
	office address: 8325 Lo	_		
3. The mailing a	address (if different):			
4. Date of incoη	poration/qualification:	12/31/1979	Document number:	F96000004585
	d street address of the current of State: (If resigned	•	nt and registered office on f	ile with the
	Mike Gallagher (Re	esigned)		
	5420 Bay Center D	rive STE 101		
	Tampa, FL 33609			
6. The name and (if changed):	l street address of the new	v registered agent (i	if changed) and /or register	ed office
	Joshua Whitehead			FILE!
	5420 Bay Center D			— REFERENCE OF THE PROPERTY OF
	Tampa, FL 33609	P,O. Box NOT acc	ceptable	RESTAR
The street addre	ess of its registered office be identical.	e and the street add	dress of the business offic	e of its registered agent,
			y its board of directors or led in writing of the chang	
Signatur	e M COLLE	<u> </u>	Dana M. Kettle, Ass	st Treasurer, V.P.
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and a sions of all statute. I accept the obliga t a change in the ro of this change.	igree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
[hb	NU/		5/2/201	2
	nature of Registered Agent half of an entity:		Date	
Ty	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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