

205000112846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

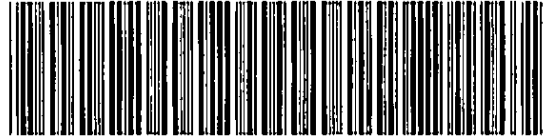
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HENDRICKS STATESBORO, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Tracy Waters

Name of Person

TNT ENT. INC. of STATESBORO

Firm/Company

607 Brannen St. #6A

Address

Statesboro, GA 30458

City/State and Zip Code

tntracy@bulloch.net

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

For further information concerning this matter, please call:

Beverly Pascoe

at (904) 312 7886

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: HENDRICKS STATESBORO, LLC
2. (a) 607 BRANNEN ST.
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
#6A
STATESBORO, GA 30458
11/22/2005
- (b) 607 BRANNEN ST.
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
#6A
STATESBORO, GA 30458
L05000112846
3. AKEL, EDWARD C
Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ONE INDEPENDENT DRIVE
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
JACKSONVILLE, FL 32202
- (b) Beverly Pascoe
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**
818 A1A N
NEW Registered Office Address:
Suite 302
Ponte Vedra Beach, FL 32082

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DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tracy Waters
Signature of a member or authorized representative of a member

TRACY WATERS
Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Beverly Pascoe
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00