## L07000078848

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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08/03/09--01042--026 \*\*100.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG - 4 2009

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1320 Henley , LCC  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:		
andre Aforma Name of Person	<u>,</u>	
,		
Firm/Company		
1855 Veteram Park Dome, #302		
Naples, FC 3410 9 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person	Area Code & Daytime Telephone Number	
Registration Section R Division of Corporations D Clifton Building P	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
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 608.416 or 608.508, 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.

agein, or both, in the state of I to tau.	
1. Name of the limited liability company: \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Henley, U.C.
2. (a) Principal office address of limited liability company:	1855 Veteran Parle Drup
(Note: MUST BE STREET ADDRESS)	\$302 Naglar; El 34109
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
7/3/07	2070000 78848
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Melissa Fields
Registered Office Address:	1855 Veteran Park Dinno
	Naples, FL 34109
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	V Registered Office address:
	$\Omega$ 1
NEW Registered Agent:	Elena Cuchainger
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1858 Veterans Park Drive
(MUST BE FLORIDA STREET ADDRESS)	Naples ,FL 34109
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and agreement of the provisions of all statutes relative to the provision of any post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	orida street address of the registered office cal. Or, in the case of a Floridad mixed was/were authorized by an affirmative tote wise provided in the articles of office animal on of CORPORATION.
Signature of Registered Agent	•
orPumm or tregionator treour	

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