

(Requestor's Name)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations	
	•	
		m Henry's Galley LLC
	Name of	Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
	Karen Vendette	
	Name of Person	
	From Henry's Galley LLC	;
	Firm/Company	
	5662 S.E. Schooner Oaks V	Vay :
	Address	· .
	Stuart, FL 34997	· .
	City/State and Zip Code.	
E.	kvendette@bellsouth.net	notification)
For fu	rther information concerning this mat	ter, please call:
	Karen Vendette	at (772) 220-4164
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle		Division of Corporations
		P.O. Box 6327
		Tallahassee, Florida 32314
	Tallahassee, Florida 32301	
	Enclosed is a check for the followi	ng 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.

1. Name of the limited liability company:	From Henry's Galley LLC			
2. (a) Principal office address of limited liability c	ompany: 5662 S.E. Schooner Oaks Way			
(Note: MUST BE STREET ADDRESS)	Stuart, FL 34997			
(b) Mailing address of limited liability company	5662 S.E. Schooner Oaks Way			
(Note: MAY BE POST OFFICE BOX)	Stuart, FL 34997			
7/23/2008	L08000070886			
3. 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:				
Registered Agent:	United States Corporation Agents, Inc			
Registered Office Address:	320 Flamingo Road Pembroke Pines, FL 33027			
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> :	/or NEW Registered Office address Mario Vendette			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	Stuart 5662 S.E. Schooner Oaks Way. Stuart 5662 S.E. Schooner Oaks Way. Stuart 5662 S.E. Schooner Oaks Way.			
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. Signature of a member or authorized representative of a member				
Karen Vendette Printed or typed name of signee				
·· ·	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office company has been notified in writing of this change.			

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

Signature of Registered Agent