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C. LEWIS

MAR 1 4 2014

EXAMINER

COVER LETTER

TQ: Amendment Section Division of Corporations

SUBJECT: Henry M Donaldson Investemnts LLC

Name of Corporation

DOCUMENT NUMBER: L110000233.

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Henry Donaldson

Name of Contact Person

Henry M LLC

Firm/Company

PO Box 3034

Address

High Springs FL 32655

City/State and Zip Code

hmd7@msn.com

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

For further information concerning this matter, please call:

Henry Donaldson

.863

712-7207

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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.

2. (a)·	22019 NW 190TH AVE	(h	(b) PO BOX 3034	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability co	
	HIGH SPRINGS, FL. 32643		HIGH SPRINGS, FL. 32655	
	2-23-11		L11000023373	
3. 5. (a)	Date of filing/registration in Florida HENRY DONALDSON	4.	Document number	
i (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS.		SECRETAR)
	LAKELAND , F	L_33812-		7
(b)	HENRY DONALDSON			AN 10: 03
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office add	lress:	ကယ
	22019 NW 190TH AVE.			
	NEW Registered Office Address:			
		_L 32643	· · · · · · · · · · · · · · · · · · ·	
he chai igent w vas/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited to re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability co of the lim	tered office and the business office of the mpany, it is hereby confirmed that the ch ited liability company or as otherwise pro	registered
	Jim Dancea	HEN	NRY M DONALDSON	
Signat	ure of a member or authorized representative of a member	-	Printed or typed name of signee	
agent wwas/we the artice Signate I hereb provision the oblit to mere	vill be identical. Or, in the case of a Florida limited of the numbers cless of organization or the operating agreement of the	liability co of the limited li	mpany, it is hereby confirmed ited liability company or as of iability company. NRY M DONALDSON Printed or typed name in this canaciny. If further against the confirmed or typed name in this canaciny.	d that the ch therwise pro

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

Signature of Registered Agent