L12000034983

(Requestor's Name)		
(Address)		
. (Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations		
	Englewood, LLC	
Name of Limited	d 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 m	atter to the following:	
Phyllis Moscoso	•	
Name of Person		
Hanlex Englewood, LLC		
Firm/Company		
1825 South Orange Blossom Trail		
Address		
Apopka, FL 32703		
City/State and Zip Code		
pmoscoso@hanlex.com E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, ple	ase call:	
Phyllis Moscoso at (_	407) 889-4154	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, 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.

Name of the limited liability company:	Hanlex Englewood, LLC	
2. (a) Principal office address of limited liability compar	ny: 1825 South Orange Blossom Trail	
(Note: MUST BE STREET ADDRESS)	Apopka, FL 32703	
(b) Mailing address of limited liability company:	1825 South Orange Blossom Trail	
(Note: MAY BE POST OFFICE BOX)	Apopka, FL 32703	
03/12/2012	L12000034983	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	W&P Services, Inc.	
Registered Office Address:	450 North Wymore Road Winter Park, FL 32789	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Hans B. Pistor 1825 South Orange Blossom Trail	
	Apopka ,FL 32703	
If the limited liability company is not organized under the confirmed that after the charge or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (of the members of the himsted liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member hans B. Pistor Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statistics relative to the pand I am familiar with and accept the definitions of my pand I am familiar with and accept the provisions of acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with and acceptance of the pand I am familiar with an acceptance of the pand I am familiar with an acceptance of the pand I am familiar with an acceptance of the pand I am familiar with an acceptance of the pand I am familiar with a	PM 12: 22 9 PM 12: 27	
Chapter 608, F.S. Or, if this lidd unferly is Jeing filed to made address, I hereby confirm that the finite a liability company of Registered Agent	nerely reflect a change in the registered office ny has been notified in writing of this change.	
	327 Tallahassaa FI 32314	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		