L13000025725

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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2013 DEC 16 PM 3: U/ SECRETARY OF STATE TALL AHASSEE, FLORIDA

DEC 1 7 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 1525 HENDRY STREET 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:			
MEUSSA DEN IT Name of Person			
1525 HENDRY STREET LLC Firm/Company			
2616 MICHIGAN AVE			
FORT MYERS FL 339/6 Cit//State and Zlp Code			
Melissa D hotshoein for notional-com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MELLSSA DEWITT at (646) 247 0299 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 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy			

DITTO 10 (#/00)

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:	HENDRY STREET LIC
2. (a) Principal office address of limited liability compa	any: 16/6-16/8 AVALON PLACE
(Note: MUST BE STREET ADDRESS)	FORT MYERS, FL 33901
(b) Mailing address of limited liability company:	1616-1618 AVACON PLACE
(Note: MAY BE POST OFFICE BOX)	FORT MYERS, FL 33901
02/19/2013	L13000025725
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	MEUSSA DEWITT
Registered Office Address:	16/6-1618 AVAIDN PIACE
	FORT MYTHS, FL 33901
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	
NEW Registered Office Address:	2616 MICHIGAN AVE
(MUST BE FLORIDA STREET ADDRESS)	FORT MYGRS ,FL 33916
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the 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 comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or. if this document is being filed to address I hereby confirm that the limited liability compositions of the limited liability compositions.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Signature of Registered Agent	

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