L13000065989

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filling Officer:				

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IDERSON PEN	NN COURT IN	VESTOR
LC		
		-
Signature		<u> </u>
Requested by:BA	1/09/23	
Name	Date	Time
Walle En	Will Blak Fi-	
Walk-In	Will Pick Up	

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	HENDERSON PENN COURT	HENDERSON PENN COURT INVESTOR LLC						
501701	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.					
Please	return all correspondence concernin	g this matter to the	e following:					
NICOL	E PORRAS							
	Name of Person							
FILEJE	TT INC.							
	Firm/Company							
10440 [PIONEER BLVD							
	Address	<u></u> i.						
SANTA	A FE SPRINGS, CA 90670							
·	City/State and Zip Co	de						
<u>E</u>	-mail address: (to be used for future	annual report not	ification)					
For fur	ther information concerning this ma	tter, please call:						
NICOL	E PORRAS	562 at (906-1635					
	Name of Person	\	Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follow	ring amount:						
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					
INHS18	8 (2/14)							

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.

1.	Na	ime of the limited liability company: HENDERSON	PENN C	OL.	JRT INVESTO	OR LLC
2. (a)			(b)	
_, ,	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(**	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1800 Penn Street Suite 11			112 CHESL	EY DRIVE SUITE 200
		Melbourne, FL 32901			MEDIA, PA	. 19063-1762
		05/03/2013			L1300006598	9
3.		Date of filing/registration in Florida	4.	•	Ī	Document number
5.	(a)					
	, ,	Registered Agent and Registered Office shown on the records Ullian, Michael S	of the Flo	rida	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET	ET ADDR	ESS	2	
		1800 Penn Street Suite 11				
		Melbourne	FL_3290	ļ		2024 TĀL
			1 5			TALLAHASSLE FI
((b)					5 5
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	ad	dress:	
		FILEJET INC.				FILED TALLAHASSEE, FLORIDA
		NEW Registered Office Address:				56 Prior
		625 E. Twiggs St. Ste 110				P
		Tampa	FL_33603	2		
16.1	s.s 1				Canto of Ular	dalar de la la maharana Cara al chara afearach a
cha age was	nge nt v s/we	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of the membericles of organization.	the regis Hiability rs of the the limite	tero co lim ed l	ed office and mpany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Si	igna	ture of a member or authorized representative of a member	_	(71)		Printed or typed name of signee
pro the to n not	visi obl ner ifie	by accept the appointment as registered agent and cions of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a character in the registered office address, d'in writing of this change.	agree to ete perfo ided for i . I hereb	act rma in C v co	in this capae	vity. I further agree to comply with the
Sig	natu	re of Registered Agent				