L 140000 21365

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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09/02/14--01020--021 **25.00

TALLAHASSEE, FLORIDA

OCT 0 7 2014 T. CARTER



COVER LETTER

Division of Corporations						
SUBJECT: Henry M LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
,						
Henry M Donaldson						
Name of Person						
Henry M LLC						
Firm/Company						
10123 NW 25th Place						
Address						
Gainesville FL 32606						
City/State and Zip Code						
hmd7@msn.com						
E-mail address: (to be used for future annual repo	rt notification)					
For further information concerning this matter, please c	all:					
Henry Donaldson 8	63 712-7207					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)



September 9, 2014

HENRY M DONALDSON HENRY M LLC 10123 NW 25TH PLACE GAINESVILLE, FL 32606 US

SUBJECT: HENRY M LLC Ref. Number: L14000021365

We have received your document for HENRY M LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer and/or director must authorize the changes by signing the docuemnt.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 914A00019266



. 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.

2 707 11				·
1. N	Name of the limited liability company: Henry M LLC	,		
2. (a)	Henry Donaldson	(b)		
2 . (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	_	f limited liability company: E POST OFFICE BOX)
	10123 NW 25th Place	S	ame	
	Gainesville FL 32606			
	2014	L1	4000021365	
3.	Date of filing/registration in Florida	4.	Document nui	mber
5. (a	, Henry Donaldson			
э. (a	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	•	
	22019 NW 190th Ave			
	High Springs	32643		SE TAL
	FI.	·		ECRETAR LAHASS SEP 30
(b)	Henry Donaldson			TAR TAR 30
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u> </u>	V/ 1F
				ED V OF STATE EE. FLORID AM 11: 49
				ORI US
	NEW Registered Office Address:			DA DA
	10123 NW 25th Place			
	Gainesville , FI	32606		
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the register ability comp of the limite limited liab	ed office and the busin pany, it is hereby confir d liability company or a ility company.	ess office of the registered med that the change(s) as otherwise provided in
	ature of a member or authorized representative of a member	Henr	y m Donaldson Printed or typed	name of signes
provi the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in performand ed for in Cha hereby conf	inis capacity. I further se of my duties, and I ai pter 605, F.S. Or, if th irm that the limited lial	r agree to compty with the m familiar with and accept iis document is being filed bility company has been

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

Signature of Registered Agent