



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GLAZIER & GLAZIER & DIETRICH, P.A.  
Account Number : I20050000141  
Phone : (904)997-1033  
Fax Number : (904)997-1733

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: pdenholm@supportingstrategies.com

**LLC REGISTERED AGENT CHANGE  
HEADSAIL BUSINESS SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEADSAIL BUSINESS SERVICES, 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:

SCOTT L. GLAZIER

Name of Person

GLAZIER, GLAZIER & DIETRICH, P.A.

Firm/Company

8833 PERIMETER PARK BLVD. STE 1002

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

pdenholm@supportingstrategies.com

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

For further information concerning this matter, please call:

SCOTT L. GLAZIER

at (904) 997-1033

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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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# 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. Name of the limited liability company: HEADSAIL BUSINESS SERVICES, LLC
2. (a) 228 N CHECKERBERRY WAY  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
ST JOHNS, FL 32259
- (b) 228 N CHECKERBERRY WAY  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
ST JOHNS, FL 32259
3. 10/20/2014  
Date of filing/registration in Florida
4. L14000163064  
Document number
5. (a) ROTH LAW FIRM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
6100 GREENLAND RD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 604  
JACKSONVILLE, FL 32258
- (b) GLAZIER, GLAZIER & DIETRICH, P.A.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
8833 PERIMETER PARK BLVD STE 1002  
JACKSONVILLE, FL 32216

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Peter Michael Denholm  
Signature of a member or authorized representative of a member

PETER MICHAEL DENHOLM

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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