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## **COVER LETTER**

	ion Section of Corporations					
B & SUBJECT:	L Henry, LLC					
Name of Limited Liability Company						
Dear Sir or Mada	ım:					
The enclosed Reg	gistered Agent/Registered C	ffice Change ar	nd fee(s) are submitted for filing.			
Please return all	correspondence concerning	this matter to th	e following:			
Robert Henry						
	Name of Person	<u>.</u>	- <del></del>			
B & L Henry, LLC						
	Firm/Company					
1246 Piney Grove	Road					
	Address	<u> </u>	<del></del>			
Chipley, FL 32428	3					
	City/State and Zip Code	:				
lisamhenry60@gm	nail.com					
E-mail add	ress: (to be used for future a	nnual report no	tification)			
For further inform	nation concerning this matt	er, please call:				
Lisa Henry		850 at (	830-7730			
ì	Name of Person		Area Code & Daytime Telephone Numbe			
Registra Division P.O. Bo	Address: ation Section of Corporations x 6327 ssee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclose	d is a check for the followi	ng amount:				
<b>■</b> \$25 F	iling 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 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.

. Na	me of the limited liability company:  B & L Henry, LL	С			
. (a)	1246 Piney Grove Road	46 Piney Grove Road 1246 Piney (b)			d
. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(-/	Mailing addre	ss of limited liability company:  Y BE POST OFFICE BOX)
	Chipley, FL 32428			Chipley, FL 32428	
		_			
			L	.15000074999	
. (a)	Date of filing/registration in Florida 04/28/2015	4.	_	Document	number
. (a)	Registered Agent and Registered Office shown on the records of Robert M. Henry	the Flo	rida I	Dept. of State:	
	Registered Office Address  1246 Piney Grove Road	ADDRI	ESS)		,
	Chipley	32428	3		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Robert M. Henry	l Office	add	ress:	<u>:</u>
	NEW Registered Office Address:				-
	1246 Pincy Grove Road				
	Chipley , FI	32428	3		
hange gent v /as/wc	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist ability of the l	terec con limit	l office and the busing apany, it is hereby conted liability company	ess office of the registered infirmed that the change(s)
	King MGR			A. Henry	
Signat	ture of a member or authorized representative of a member	_		Printed or ty	ped name of signee
rovisi he obl o mere	by accept the appointment as registered agent and aground on some of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I have been affected of this change.	ree to e perfor d for i hereby	act i rmai n Cl v cor	n this capacity. I furt nce of my duties, and hapter 605, F.S. Or, i nfirm that the limited	her agree to comply with the I am familiar with and accep I this document is being filea liability company has been

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

Signature of Registered Agent