(Re	equestor's Name)			
(Ac	ldress)	<u></u>		
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
:				

Office Use Only



100274576951

07/09/15--01007--021 **25.00

JUL 1 0 2015

Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations	·
SUBJI	ECT: Heather	Anne, LLC
	Name of I	Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
	Heather Townson Name of Person	end
	Heather Anne, LL	
28	862 Sweet Spire C	Pir
_0	Viedo, FZ, 32766 City/State and Zip Code	····
_Ha	eathers 12510 @ gmainemail address: (to be used for future annual re	port notification)
For fur	ther information concerning this matter, please	e call:
	Heather Townsend at	(354) 465 0595
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassec, Florida 32314
	Enclosed is a check for the following amount	unt:
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS1	8 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submii Florid	nits the following statement in order to change its registered office or registered agent, or both, in the ida.	company State of
1. Na	Name of the limited liability company: Heather Anne, LLC	·
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BE	npany:
	Oviedo, fz, 32766 Oviedo, fz, 3276	ص
	May 18 2015 L 15000087061	
3.	Date of filing/registration in Florida 4. Document number	
5. (a)	a) Heather A. Townserd Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	2862 Snet-Spire circle	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	(Servinole County)	
	Ovieto ,FL 32766	er.
(b)) Heather A. Townsend	Fath same glacours
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	Ε.Μ
	260 Commodore Drive	Va.
	NEW Registered Office Address:	
	1 (Broward County)	
	Plantation, FL ++1	
the cha agent v	e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that hange or changes are made, the Florida street address of the registered office and the business office of the rewill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the character authorized by an affirmative vote of the members of the limited liability company or as otherwise proverticles of organization or the operating agreement of the limited liability company.	registered nge(s) ided in
Signa	nature of a member or authorited representative of a member Printed or typed name of signee	nsena
I here provisi the obi to mer notifie	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be erely reflect a change in the registered office/address, I hereby confirm that the limited liability company have in writing of this change	with the nd accept eing filed is been
Signatu	ature of Registered Agent	
	/ Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)