## 115000111704

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2018 SEP -3 PM 3: 17
SECRETARY OF STATE
ORIDA

K.SALY EXAMINER SEP - 4 2015

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ			
	Nan	ne of Limited Liab	oility Company
Dear S	ir or Madam:		
The er	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	llowing:
Richa	ard P Hendry		
	Name of Person		-
R.P.	Hendry, LLC		
-	Firm/Company		-
4750	Dolphin Cay Ln. S., #109		
	Address		•
St Pe	etersburg, FL 33711		
	City/State and Zip Code		•
rich.h	nendry@raymondjames.com		
I	E-mail address: (to be used for future and	nual report notification	ation)
For fu	rther information concerning this matter	, please call:	
Richa	ard P Hendry	404 at (	403-4030
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		LING ADDRESS:
	Registration Section		stration Section
	Division of Corporations		sion of Corporations
	Clifton Building 2661 Executive Center Circle		Box 6327 hassee, Florida 32314
	Tallahassee, Florida 32301	ı alla	шаээсс, г юнца <i>32</i> 314
	Enclosed is a check for the following	g amount:	
	<b>△</b> \$25 Filing Fee	<b>\$55</b>	Filing Fee & Certified Copy

INHS18 (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.

. (a)		(	b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2413 Bayshore Blvd., #1601		2413 Ba	ayshore Blvd., #1601
	Tampa, FL 33629		Tampa,	FL 33629
	July 2, 2015		L150001	11704
	Date of filing/registration in Florida	4.		Document number
. (a)	Richard P Hendry			20
. (a)	Registered Agent and Registered Office shown on the record	is of the Florid	la Dept. of Sta	FILED 2015 SEP -3 PH 3: 17 SEURETARY OF STATE TALLAHASSEE, FLORIO
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>(2)</u>	SSS
	2413 Bayshore Blvd., #1601			
	Tomas	*		- Po (2)
(b)	Enter name of NEW Registered Agent and/or NEW Regis	, FL 33629		F STATE FLORIDA
(b)		, rL		PATE OR TO PE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent </u>	, rL		PATE ORIO
(b)	Enter name of NEW Registered Agent and/or NEW Regis	, rL		PATE ORIO
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent </u>	, rL	ddress:	PATE ORIO
f the late the charge of the c	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or</u>	e laws of the sed liability of the limited	ddress:  e State of Flistered officompany, it mited liabili	dorida, it is hereby confirmed that after the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
f the I he cha gent was/w he art	NEW Registered Office Address:  4750 Dolphin Cay Ln S., #109  St Petersburg  imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memb	e laws of the sed liability of the limited	ddress:  e State of Flistered officeompany, it mited liability contains the contain	dorida, it is hereby confirmed that after the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.