216000064864

| (| (Requestor's Name) | | | |
|---|--------------------|--------|--|--|
| (| (Address) | | | |
| | (Address) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
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2017 MAY - | PH 12: 24 Secretary of State

K. SALY MAY - 3 2017

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: <u>Jerostructu</u> . | res of the Palm Beaches e of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Offi | ce Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning thi | s matter to the following: |
| Robert Behrend Name of Person Herostrutures of the Palas | Seado: 160 |
| Firm/Company | |
| 2554 SW 10 ^{TL} CT Address | |
| BOYNDON Bell FL 3342 City/State and Zip Code |) <u>(</u> |
| Rhbehrend @ QMail. (a E-mail address: (to be used for future annu | al report notification) |
| For further information concerning this matter, | please call: |
| Kibert Behrend | at (561) 374 0541 |
| 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 |

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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

| submits Florida | / 1 | ffice or registered agent, or both, in the State of |
|---|---|--|
| 1. Na | me of the limited liability company: Herdstructures o | the to In Beaches ILC |
| | 2554 SW 10 ¹⁴ CT Boynton FL 33426 (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Y |
| 3. | Date of filing/registration in Florida 4. | L 16000064864 Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida | Gents INC Dept. of State: |
| (b) . | Registered Office Address 13307 WINDING OOKS COVED TAMPA, FL 33 Enter name of NEW Registered Agent and/or NEW Registered Office address: DOYALD SL FL | AHASSEE, I |
| the char agent w was/we the artic Signate | mited liability company is not organized under the laws of the same or changes are made, the Florida street address of the regist will be identical. Or, in the case of a Florida limited liability corresponding to a member of the limited liability corresponding to the operating agreement of the limited liability corresponding to a member or authorized representative of a member or authorized representative of a member of a | ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. Printed or typed name of signee In this capacity. I further agree to comply with the |
| попреа | ons of all statutes relative to the proper and complete performal gations of my position as registered agent as provided for in City reflect a change in the registered office address, I hereby continuously in writing of this change. The of Registered Agent | nce of my auties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed ifirm that the limited liability company has been |