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To:	Division of Corporations Fax Number : (850)617-6383		
From:	Account Name : REGISTERED AGE Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	NTS INC.	
**Enter the annual	email address for this business er report mailings. Enter only one e	ntity to be used mail address plea	for future
Email A	Address:		2018 OCT : SECRETY: TALLA
	LLC REGISTERED AGENT	CHANGE	23 A
	HENLEY PARK APARTME	ENTS LLC	(m-n 🍱 🚙
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Help

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.

L. N	ame of the limited liability company: HENLEY	<u>PARK</u>	APARTMENTS LLC	
2. (a)	5125 CURRY FORD RD.	_(b) P	_(b) P.O. BOX 677970	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ORLANDO, FL 32812		ORLANDO, FL 32867	
	05/25/2017	L1	7000116024	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	, MARVIN L. BEAMAN, JR., P.A.			
υ. χα,	Registered Agent and Registered Office shown on the records of	f the Florida Dep	pt of State:	
	605 N. WYMORE RD.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
			SE	
	WINTER PARK	_L 32789	WINDOCT 23 SECRETARY STARLARIA	
(b)	Registered Agents Inc.		RETARK SEE	
(1)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	SSE TO	
	3030 N. Rocky Point Dr.		A SSEE, FLE	
	NEW Registered Office Address.	,,,		
	STE 150A			
	Tampa	L33607		
the ch agent was/w the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited by were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the register liability comp of the limited e limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company.	
- Cion	ature of a member or authorized representative of a member	Riley I	Printed or typed name of signee	
I here provis the ob- to men notifie	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and completed ligations of my position as registered agent as provided in the registered office address, led in writing of this change. Bill Havre -Presidents of Registered Agent	e performanc led for in Cha I hereby confi	this capacity. I further garee to comply with the	

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

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