## L17000171632

(Requestor's Name)	_					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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S. PRATHER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	Massery Enterprises, LLC	
0020.		ne of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
Henr	y Massery	
••	Name of Person	<del> </del>
Mass	ery Enterprises, LLC	
	Firm/Company	
6145	Victory Drive	
	Address	·
Ave N	Maria, Florida, 34142	
	City/State and Zip Code	
hpmf	250@gmail.com	
T.	E-mail address: (to be used for future ann	nual report notification)
For fu	ther information concerning this matter.	, please call:
Henry	/ Massery	708 497-8705
	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
	Enclosed is a check for the following	amount:
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHSI	8 (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.

Name of the	ne limited liability company:	Massery Enterpr	rises, LLC	<u>,                                      </u>			
)	· · · · · · · · · · · · · · · · · · ·		(b)				
Į:	Principal office address of limited lia (Note: MUST BE STREET A	ibility company:			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
6145	Victory Drive						
Ave N	Maria, Florida 34142	<del></del>				<del>,</del>	
Augus	st 11, 2017		L170	000171632			
	Date of filing/registration in	Florida	4.	Document nur	ıber		
united	d States Corporation Age	ents, INC					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
						~	
Register	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u>.</u>		_	
1330	2 Winding Oak Court A				•	2.5 (7)	
Tamp	oa	FL 33	612			(3	
		,,,,,				- 0	
1	Massery					ڬ	
Enter nar	me of NEW Registered Agent and/	or <u>NEW Registered Off</u>	ice address:		•	w r.	
NEW R	egistered Office Address:						
6145 ——	Victory Drive		_				
Ave N	<i>N</i> aria	, FL_34	142				
hange or c I will be ic were autho	ability company is not organi changes are made, the Florida dentical. Or, in the case of a F orized by an affirmative vote organization or the operating a	ized under the laws of street address of the Florida limited liabil of the members of the	of the State e registered lity compan	office and the busing y, it is hereby confinitionally or a	ess office ned that t	of the regis he change(	
,	-	lassery					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in, writing of this change.

Signature of Registered Agent