

h21 000200554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

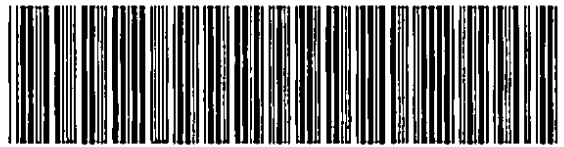
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2021 DEC 17 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FL

0 CANCELED  
DEC 20 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 DEC 17 AM 7:42

December 8, 2021

REBECCA GAVIDIA  
101 NE 1ST AVE  
OCALA, FL 34470

SUBJECT: HENDRICKSON MANAGEMENT LLC  
Ref. Number: L21000200554

We have received your document for HENDRICKSON MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 721A00029553

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hendrickson Management, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Gavidia, as Manager

\_\_\_\_\_  
Name of Person

H2 Advisors, LLC

\_\_\_\_\_  
Firm/Company

101 NE 1st Avenue

\_\_\_\_\_  
Address

Ocala, FL 34470

\_\_\_\_\_  
City/State and Zip Code

Rebecca@H2adv.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Gavidia

\_\_\_\_\_  
at ( 352 )

355-8333

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.*

1. Name of the limited liability company: Hendrickson Management, LLC

2. (a) 101 NE 1st Avenue, Ocala, FL 34470  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) 101 NE 1st Avenue, Ocala, FL 34470  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 04/25/2021 Date of filing/registration in Florida

4. L21000200554 Document number

5. (a) Snappy Tax, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Snappy Tax, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
209 NE 36th Avenue  
Ocala, FL 34470-000

(b) H2 Advisors, LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

H2 Advisors, LLC  
NEW Registered Office Address:  
101 NE 1st Avenue  
Ocala, FL 34470-000

**FILED**  
2021 DEC 17 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rebecca Gavidia  
Signature of a member or authorized representative of a member

Rebecca Gavidia, as Manager  
Printed or typed name of signer

*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.*

Rebecca Gavidia  
Signature of Registered Agent