## 123000067656

(Requestor's Name)						
(Àddress)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
) DENNIS						
AUG - 4 2023						

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PROBLEM -5 AM 9: 06

## COVER LETTER

•	gistration Section vision of Corporations					
SUBJECT	HENIMAY LLC					
solwine i		Name of Limited Liability Company				
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered (	Office Change and I	fee(s) are submitted for filing.			
Please retur	m all correspondence concerning	this matter to the f	ollowing:			
Henrietta Ma	ay					
	Name of Person	·	_			
HENIMAY	LLC					
	Firm/Company		_			
1434 Adams	s St					
	Address		_			
Hollywood,	FL 33020					
	City/State and Zip Code	2	_			
mayheni48@	ngmail.com					
E-mai	I address: (to be used for future a	innual report notific	eation)			
For further	information concerning this matt	er, please call:				
Henrietta Ma	ау	954 at (	394-1924			
	Name of Person	··· \ <u></u>	Area Code & Daytime Telephone Number			
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the followi	ng amount:				
₽ 5	\$25 Filing Fee	□ \$5	5 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.

(a)	1434 Adams St. Hollywood, FL 33020	(b)	1434 Adams St, Hollywood, F	L 33020		
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	02/07/2023		3000067656			
	Date of filing/registration in Florida	4.	Document number			
(a)	UNITED STATES CORPORATION AGENTS, INC.					
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 476 RIVERSIDE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
(b)	JACKSONVILLE, FI.	32202		SFORET		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Henrietta May			FILED ARY OF STARY OF CARPORT		
	NEW Registered Office Address:	<u>.</u>		90 175 175		
	1434 Adams St			<del>+</del>		
	Hollywood FL	33020				
ango gent v as/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered bility comp f the limite	office and the business offic pany, it is hereby confirmed ad liability company or as ot	ce of the registered that the change(s)		
j	ture of a member or authorized representative of a member	Henrie	tta May	<u>-</u>		
here	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	ee to act in performanc d tor in Cha	Printed or typed nam  this capacity. I further agr ce of my duties, and I am fa	ee to comply with the		