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(Document Number)							
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## COVER LETTER

TO: Registration Section Division of Corporations		
HENROCK ASSOCIATES LLC SUBJECT:	:	
	Name of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	following:
MARIA L ALICEA		
Name of Person		
HENROCK ASSOCIATES LLC		
Firm/Company		<del></del>
8021 SW 134TH LOOP		
Address	<del>-,</del> -	<del>_</del>
OCALA, FLORIDA 34473		
City/State and Zip Coc	de	<del></del>
MLAC925@GMAIL.COM		
E-mail address: (to be used for future	annual report notif	fication)
For further information concerning this ma	tter, please call:	
MARIA L ALICEA	352 at (	342-4334
Name of Person	ai (	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 follow	ving amount:	
■ \$25 Filing Fee	<u> </u>	555 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.

l. (a) .	8021 SW 134TH LOOP OCALA, FL 34473	8021 SW 134TH LOOP OCALA, FL 34473				3	
·· (4) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	8021 SW 134TH LOOP	_					
	OCALA, FLORIDA 34473	_					
	10-17-2024		L2300	00500425			
i. i. (a)	Date of filing/registration in Florida TREVOR ROWLEY	4.		Document :	number		
. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 390 NORTH ORANGE AVE, STE 2300-N			of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 390 NORTH ORANGE AVE STE 2300-N			. <del>-</del>			
	ORLANDO, FL	32801			TA.	~	
(b)	MARIA L ALICEA				ĹLAÌ	2024 OCT 24	
()	Enter name of NEW Registered Agent and/or NEW Registered	Office :	<u>(ddress</u> :		AS:	7 2	
	8021 SW 134TH LOOP		_		ÄLLAĤÁSSEE, FLORIDA	4 PM	m
	NEW Registered Office Address:				Ĺ0.	ယ့်	D
	8021 SW 134TH LOOP				÷i c RIDA	9.	
	OCALA , FL	34473					
change igent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility f the li	red offi compan mited li	ice and the busine y, it is hereby cor iability company	ess office of nfirmed that	t the reg it the ch	gistered ange(s)
		M	ARIA L	. ALICEA		_	
Signa	ture of a member or authorized representative of a member			Printed or ty	ped name of:	signee	
I herei provisi the obl to mere	oure of a member of authorized representative of a member by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have	ce to a perfor I for in iereby	ct in thi nance c Chapte confirm	is capacity. Thert	her avree t	o comp.	ly with and act being fi as beet

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

Signature of Registered Agent