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COVER LETTER

Division of Corporations				
UBJECT: INTL Hencorp Futures, LLC Name of Limited Liability Company				
Name of Emi	ned Endomity Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
David A. Bolte				
Name of Person				
FCStone Group, Inc.				
Firm/Company				
• •				
0000 W + D + 0 % 40				
2829 Westown Parkway - Suite 10 Address	0			
Addiess				
West Des Moines, IA 50266				
City/State and Zip Code				
david.bolte@intlfcstone.com E-mail address: (to be used for future annual report notific	eation)			
2 man address. (to be used for fature annual report norms	sation,			
For further information concerning this matter, I	please call:			
David A. Bolte	(515) 223-3797			
Name of Person	Area Code & Daytime Telephone Number			
CTREET/COURIER ADDRESS.	MAH ING ABBBESS			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	Tananassee, Tiorida 32314			
	mount			
Enclosed is a check for the following a	mount:			
\$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 608.416 or 608.508, 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:	INTL Her	INTL Hencorp Futures, LLC		
2. (a) Principal office address of limited lia	bility company:			
(Note: MUST BE STREET ADDR	ESS) Suite 2	500		
(FL 33131		
(b) Mailing address of limited liability co	ompany:	1221 Brickell Avenu	ie	
(Note: MAY BE POST OFFICE B	OX) Suite 2	500		
(<u>17000 XXIII B227 Q01 Q111 Q2 B</u>		FL 33131		
12/24/1998		L98000003410	6	
3. Date of filing/registration in Florida	4. Docur	ment number		
5. (a) Registered Agent and Registered Of	fice shown on the record	ls of the Florida Dept	of State:	
Registered Agent:	Raul He	enriquez		
Registered Office Address:	777 Brid	777 Brickell Avenue		
<u> </u>	Suite 10			
	<u>Miami,</u>	FL 33131		
(b) Enter name of NEW Registered Age	nt and/or NEW Registe	ered Office address:	•	
<u>NEW</u> Registered Agent:	<u>Brian T</u>	. Sephton		
NEW Registered Office Address:	<u>329 Pa</u>	329 Park Avenue North		
<u>(MUST BE FLORIDA STREET AL</u>			ET 22700	
	<u>vvinter</u>	Park	,FL <u>32789</u>	
If the limited liability company is not organiconfirmed that after the change or changes a and the business office of the registered ager liability company, it is hereby confirmed that of the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company of a member of authorized representative of a member of authorized representative of a member of the appointment as registered comply with the provisions of all statutes religional I am familiar with and accept the obligated Chapter 608, FIS. Or lift this document is becaused address, I hereby confirm that the limited liability of the confirmation is a confirmation of the confirmation of th	re made, the Florida strent will be identical. Or, it the change(s) was/were any or as otherwise provolity company.	et address of the regi in the case of a Florid e authorized by an affective rided in the articles of	stered office la limited firmative vote forganization	
Signature of Registered Agent				

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