1

\$04609 m180

| (Requestor's Name) (Address) (Address) | 800327614238 | | |
|---|--|--|--|
| (City/State/Zip/Phone #) | ▶ 04/09/1901026001 **25.00 | | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | PHLLD 2019 APR - 9 ANN: 14 ATTENNESS AND ANN: 14 | | |
| Office Use Only | ROCHS | | |

APR 1 6 2019 I ALBRITTON 1019 APR -9 ANNII: 14

COVER LETTER

TO: Registration Section Division of Corporations

HENDERSON BUILDING SOLUTIONS, LLC

SUBJECT:

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:

M. Drew Rimmer

Name of Person

HENDERSON BUILDING SOLUTIONS, LLC

Firm/Company

8345 Lenexa Dr

Address

Lenexa, KS 66214

City/State and Zip Code

business.licensing@hendersonengineers.com

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

For further information concerning this matter, please call:

Heather Shertz

Name of Person

913 742-5000 at (_____)

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

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. N | lame of the limited liability company: | SON BUI | | UTIONS, LLC | |
|-----------------------------|---|--|--|---|--|
| 2. (a) | 8345 LENEXA DR SUITE 210 | | _(b) 8345 LE | NEXA DR SUITE 210 | |
| | Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) | | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) | | |
| | LENEXA, KS 66214 | | LENEXA, KS 66214 | | |
| | 05/14/2018 | | M180000 | 04609 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a | HENDERSON ENGINEERS INC | | | | |
| , | Registered Agent and Registered Office shown on the records 555 WINDERLEY PL | s of the Flori | Ja Dept. of State | : | |
| | Registered Office Address <u>(MUST BE FLORIDA STREE</u> SUITE 333 | <u>ET ADDRES</u> | <u></u> | 201 | |
| | MAITLAND | FL_32751 | | 2019 APR | |
| (b) | HENDERSON ENGINEERS INC | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registe | ered Office a | ddress: | | |
| | 3550 Buschwood Park Drive | | | | |
| | NEW Registered Office Address: | | | ~~ | |
| | Suite 190 | | <u>_</u> | | |
| | Tampa | FL_33618 | | | |
| the cha agent v was/w | limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member igles of organization or the operating agreement of t | s of the reg d liability c rs of the lir | istered office ompany, it is nited liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| / | | <u>M</u> . | Drew Rimm | | |
| - | fif the under or authorized representative of a member | | | Printed or typed name of signee | |
| 1 here | by accept the appointment as registered agent and c | agree to ac | t in this capa | city. I further agree to comply with the | |

provisions of all statutes relative to the proper and complete buck that this capacity. I further agree to comply with the 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.

ano M. Kott Signature of Registered Agent

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

. . .