P170000 33002

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

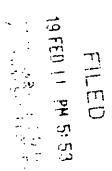
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S. TALLENT FEB 19 2019



RIA-LY

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Hensel, Bailey & Harris, P.A. Name of Corporation				
DOCUMENT NUMBER: P17000033002				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Tracy Hensel				
Name of Contact Person				
Hensel, Bailey & Harris, P.A.				
Firm/Company				
1320 Jersey Ave				
Address				
Sit. Cloud Fix 34765 City/State and Zip Code				
tracv@hbhlawfl.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tracy Hensel at (407) 957-9686 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address: Amendment Section Amendment Section				
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida n organized under the laws of the State of r registered agent, or both, in the State of	Florida
1. The name of t	he corporation: Hensel, Bailey	& Harris, P.A.	
2. The principal	office address: 1320 Jersey Av	ve St. Cloud, FL 34769	
3. The mailing a	ddress (if different): SAME		
4. Date of incorp	poration/qualification: 04/10/17	Document number: P1700	00033002
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file vresigned)	vith the
	Glenn Harris		_
	3934 Marietta Way		3 5 FI
	St. Cloud, FL 34772		
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered o	m
	Glenn Harris		်းသည်။ ကြောင်းသည်။
	1320 Jersey Ave		
	P.O Box NOT acceptable		
	St. Cloud, FL 34769		_
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent,
Such change wa authorized by t	as authorized by resolution duly a ne board, or the corporation has b	ndopted by its board of directors or by ar seen notified in writing of the change.	officer so
		Glenn Harris, Mgr OF	CR
I hereby accept I further agree performance of agent, Or, if th	to comply with the provisions of	Printed or typed name and t gent and agree to act in this capacity. all statutes relative to the proper and co h and accept the obligation of my positio to reflect a change in the registered off. partition of this change.	mplete
The		1/21/19	
Sig	nature of Registered Agent	Date	·
If signing on be	half of an entity:		
	ey & Harris, P.A	_	
Т	yped or Printed Name		