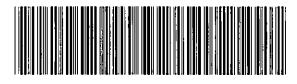
F98000001975

(Requestor's Name)						
(Address)						
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(Čity/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HENDERSON-CO	LUMBIA CORI	P.		
				
		<u> </u>		
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			✓_	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
o.g.iucii.e		ļ		Vehicle Search
	_			Driving Record
Requested by:BA	11/05/24			UCC 1 or 3 File
	$\frac{11/05/24}{5}$			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: HENDERSON-COLUMBIA CORP.								
Name of Corporation								
DOCUMENT NUMBER: F98000001975								
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling.								
Please return all correspondence concerning this matter to the following:								
NICOLE PORRAS								
Name of Contact Person								
FILEJET INC.								
Firm/Company								
10440 PIONEER BLVD STE S								
Address								
SANTA FE SPRINGS, CA 90670								
City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
NICOLE PORRAS	at (562)906-1635							
Name of Contact Person	at (562)906-1635 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 P.O. Box 6327	Division of Corporations The Centre of Tallahassee							
P.O. Box 6327	The Centre of Tallahassee							

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitte	ctions 607.0502, 61 d for a corporation c registered office or r	organized i	ınder the laws (of the State of	PA					
1. The name of t	he cornoration:	HENDERSON-COL	UMBIA C	ORP.							
1. The name of the corporation: HENDERSON-COLUMBIA CORP. 2. The principal office address: 1800 PENN STREET SUITE 11 MELBOURNE, FL 32901											
3. The mailing a	ddress (if differ	ent): 112 CHESLEY	Y DR SUIT	E 200 MEDIA, I	PA 19063						
4. Date of incorporation/qualification: 04/06/1998 Document number: F9800											
5. The name and	street address	of the current registe (If resigned, enter re	ered agent a								
	ULLIAN, MIC	HAEL S									
	1800 PENN ST	REET SUITE 3					~ 3				
	MELBOURNE	, FL 32901				ÄLLA	2024 NOV	/			
6. The name and (if changed):	d street address	of the new registered	d agent (if	changed) and /c	or registered of	HARSEE	2				
	FILEJET INC.					_ [[AM				
	625 E. Twiggs	St. Ste 110				- L'ORID/ - L'ORID/	9:				
	Tampa, FL 336		P.O. Box NOT	acceptable		_ ⊳					
The street addre	ess of its registe be identical.	ered office and the s	street addre	ess of the busin	ess office of i	– its regist	tered ag	gent,			
Such change wa authorized by th	as authorized by ne board, or the	y resolution duly ad corporation has bee	lopted by i en notified	ts board of dire in writing of t	ectors or by an	officer	so				
J	ohn Cayl	le	OL	HN COYLE							
Signatu	re of an officer of the	rector			or typed name and t						
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment of comply with d I am familiar ng filed merely to be a notified to the complete	nt as registered age the provisions of al with and accept the to reflect a change in writing of this ch	ent and agr Il statutes r se obligation s in the reg ange.	ee to act in this elative to the p on of mv position istered office a	s capacity, proper and con on as registere ddress, I here	mplete p ed agent by confi	verform . Or ij ìrm tha	ance f this t the			
	en I		117	1/2024							
Sig	nature of Registered	Agent			Date						
If signing on be	half of an entit	y:									
- And	Yew WI yped or Printed Nam	nHe									

* * * FILING FEE: \$35.00 * * *