## J31069

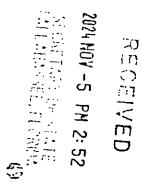
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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2024 NOV -5 AM 9: 1

## CAPITAL CONNECTION, INC.

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

HENDERSON SOUT	HEAST CO	RP		
				<del></del>
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			<b>√</b>	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<b>✓</b>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
		ı		Corp Record Search
				Officer Search
		-		Fictitious Search
Signature		<del>-</del>	<del></del>	Fictitious Owner Search
Signature				Vehicle Search
			<u>.</u>	Driving Record
Requested by:BA  Name	11/05/24	'		UCC 1 or 3 Fife
	$\frac{11/05/24}{5}$	Tr'		UCC 11 Search
	Date	Time		UCC 11 Retrieval
Walk-In Ponder's Printing - Thom (sville GA 8/00	Will Pick Up	<del></del>		Courier

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: HENDERSON SOUTHEAST CORP. Name of Corporation	
DOCUMENT NUMBER: 131069	
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:	
NICOLE PORRAS	
Name of Contact Person	
FILEJET INC.	
Firm/Company	
10440 PIONEER BLVD STE 8	
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 21 (562 )906-1635	
NICOLE PORRAS  Name of Contact Person  at (562 )906-1635  Area Code & Daytime Telephone Numb	oer
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section  Street Address: Amendment Section	
Amendment Section Amendment Section	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	ange is submitted for a corporc	ntion organized under the laws of the State ofeeeor registered agent, or both, in the State of Florida.		
- "	the corporation: HENDERSON			
	office address: 1800 PENN ST			
MELBOURNE,				
3. The mailing a	address (if different): 112 CHE	SLEY DRIVE SUITE 200, MEDIA, PA 19063-1762		
4. Date of incor	poration/qualification: 08/29/1	Document number: J31069		
5. The name and		registered agent and registered office on file with the		
	ULLIAN, MICHAEL S			
	1800 PENN ST. SUITE 11	202 TA		
	MELBOURNE, FL 32901	T T		
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered offices:		
	FILEJET INC.	EF.FLOST 9:		
	625 E. Twiggs St. Ste 110	Part 19		
P.O. Box NOT acceptable				
	Tampa, FL 33602			
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of its registered agent,		
Such change was authorized by the	as authorized by resolution di he board, or the corporation h	uly adopted by its board of directors or by an officer so as been notified in writing of the change.		
, )	ohn Carlos	JOHN COYLE		
Signati	ire of an officer or director	Printed or typed name and title		
I Jurther agree of my duties, ar document is be	the appointment as registere to comply with the provisions ad I am familiar with and acc ing filed merely to reflect a ch s bear notified in writing of th	d agent and agree to act in this capacity.  s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.		
_	Cent-	11/1/2024		
Sig	mature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
And	cew white			
	yped or Printed Name			

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