

PI2000050427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

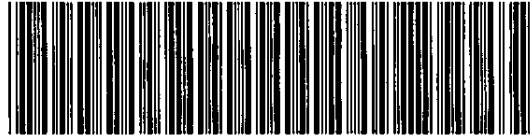
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

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TALLAHASSEE, FLORIDA

SEP 04 2015
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HANIN A INC.
Name of Corporation

DOCUMENT NUMBER: P12000050427

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:

MOHAMAD AL-HADARI
Name of Contact Person

HANIN A INC.
Firm/Company

416 SW 20th RD
Address

MIAMI, FL. 33129
City/State and Zip Code

MOHAMADALHADARI@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMAD AL-HADARI at (786) 318-9079
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HANIN A INC.
2. The principal office address: _____
3. The mailing address (if different): 416 SW 20th RD
MIAMI, FL. 33129
4. Date of incorporation/qualification: JUNE, 1, 2012 Document number: P12000050427
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State. (If resigned, enter resigned) RESIGNED

MAHMOUD FAHS
17776 SW 154 PL
MIAMI, FL. 33187

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MOHAMAD AL-HADARI
416 SW 20th RD MIAMI FL. 331
P.O. Box NOT acceptable

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DEPARTMENT OF STATE

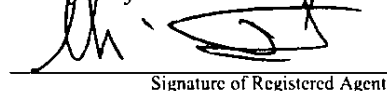
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

MOHAMAD AL-HADARI - PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

8-29-20015
Date

If signing on behalf of an entity:

Typed or Printed Name

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