P1800001910417

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C. GOLDEN AUG 2 9 2010

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hena Autumn Inc
Name of Corporation
DOCUMENT NUMBER: P18000019647
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:
Hena Mazza
Name of Contact Person
Hena Autumn Inc.
Firm/Company
5404 Christiancy Ave.
Address
Port Orange, FL 32127
City/State and Zip Code
henaautumn@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hena Mazza 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

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617. unge is submitted for a corporation or er to change its registered office or re	rganized under the laws of the State o	<u> Florida</u>		
1. The name of	the corporation: Hena Autumn Ir	nc.			
2. The principal	office address: 5404 Christiancy	y Ave. Port Orange, FL 3212	27		
3. The mailing a	address (if different): N/A		<u> </u>		
4. Date of incor	poration/qualification: 02/26/201	8 Document number: P180	00019	647	
	d street address of the current register rtment of State: (If resigned, enter res		with the		
	TOROK, HENA A		_		
	512 PHOENIX AVE. APT.	3			
	DAYTONA BEACH, FL 32	118	10.75 10.75	2018 /	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered	HASTERY YRTER	2018 AUG 27	
	Mazza, Hena A		SEE of	3	
	5404 Christiancy Ave.		STATE	10:1	J
	Port Orange, FL 32127	NOT acceptable	_		
The street address changed will	ess of its registered office and the str	reet address of the business office of	its regist	tered ag	gent,
	as authorized by resolution duly ado he board, or the corporation has beer		n officer	so	
Dena	atorol	Hena A Torok, CEO			
I further agrée	the appointment as registered agent to comply with the provisions of all i my duties, and I am familiar with an is document is being filed merely to that the corporation has been notific	statutes relative to the proper and cond and accept the obligation of my positi	omplete on as res	zisterea ess, I	1
Henra	a Magga	August 24th 2018			
If signing on be	chalf of an entity:	Date			
T	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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