

P18000019647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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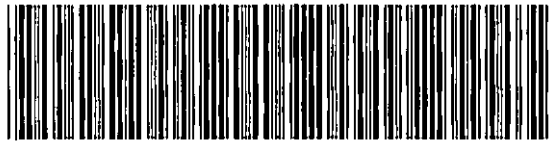
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

AUG 29 2018

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 at (386) 689-8539
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

