| (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: | | | | | |
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2024 FEB 26 PM 4: 42



TO: Amendment Section Division of Corporations

| SUBJECT: Hensford, Inc. | |
|--|--|
| Name of Corporation | - |
| DOCUMENT NUMBER: P21000089127 | |
| 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: |
| Martin S Huff | |
| Name of Contact Person | |
| Firm/Company | |
| 18681 Belview Drive | |
| Address | |
| Cutler Bay, FL 33157 | |
| City/State and Zip Code | |
| windguardroof@gmail.com | |
| E-mail address: (to be used for future annual report | t notification) |
| For further information concerning this matter, please c | all: |
| Martin S Huff | at (305) 498-9262 |
| Name of Contact Person | at (305) 498-9262 Area Code & Daytime Telephone Number |

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

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha | nge is submitted for a | corporation organ | 2, 607.1508, or 617.1508, Flo ized under the laws of the Sta red agent, or both, in the Stat | te of Florida | |
|--|--|---|--|---|--|
| 1. The name of t | he corporation: Henst | ford, Inc. | | | |
| | | | y Largo Florida 33037 | | |
| 3. The mailing a | ddress (if different): _ | | | | |
| 4. Date of incorporation/qualification: 10/13/2021 Document number: P21000089127 | | | | | |
| | I street address of the timent of State; (If resi | | gent and registered office on f d) | file with the | |
| | Martin S Huff | | | :_207 | |
| | 20220 SW 105 AVE | <u></u> | | FIL 2024 FEB 26 SEGRETATION | |
| | Miami, FL 33189 | | | | |
| 6. The name and (if changed): | l street address of the | | I (if changed) and /or register | | |
| | Martin S Huff | | | 2 | |
| | 18681 Belview Drive | | | | |
| | Cutler Bay, FL 33157 | | NOT acceptable | | |
| The street addreas changed will | ess of its registered of be identical. | ffice and the street | address of the business offic | e of its registered agent. | |
| Such change wa authorized by th | as authorized by resol ac board, or the corpo | lution duly adopted oration has been no | by its board of directors or lifted in writing of the chang | by an officer so | |
| | Marti S. | Helf | Martin S Huff, President | | |
| | | • | Printed or typed nam | | |
| I hereby accept I further agree of my duties, an document is bet corporation has | the appointment as r to comply with the pr d I am familiar with ng filed merely to ref been notified in writ | registered agent and ovisions of all statt and accept the obli- lect a change in the ting of this change. | l agree to act in this capacit ites relative to the proper an gation of my position as reg registered office address, I | y. d complete performance istered agent. Or, if this hereby confirm that the | |
| | What S. F | left | February 19, 2024 | | |
| Sig | nature of Registered Agent | 70 | Date | | |
| If signing on be | half of an entity: | | | | |
| 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
CR2E045 (04/13)

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