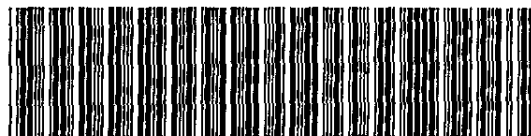


L05000058694

2005 SEP 12 P 1:38

Amelia Evans  
7701 Timberlin Park Blvd. #1525  
Jacksonville, FL 32256

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



700058635387

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 22, 2005

AMELIA HOPE EVANS  
7701 TIMBERLIN PARK BLVD. #1525  
JACKSONVILLE, FL 32256

SUBJECT: HANDS OF HOPE, LLC  
Ref. Number: L05000058694

We have received your document for HANDS OF HOPE, LLC. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 505A00053268

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STATE OF FLORIDA  
TALLAHASSEE

**COVER LETTER**

**FILED**

**TO:** Amendment Section  
Division of Corporations

2005 SEP 12 P 1:38

**SUBJECT:** Hands of Hope, LLC  
(Name of corporation)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT NUMBER:** L050000058694

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:

Amelia Hope Evans  
(Name of contact person)

Hands of Hope, LLC  
(Firm/Company)

7701 Timberlin Park Blvd. #1525  
(Address)

Jacksonville, FL 32256  
(City/state and zip code)

For further information concerning this matter, please call:

Amelia Hope Evans at ( 904 ) 477-4565  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Hands of Hope, LLC
2. The mailing address of the limited liability company is: 7701 Timberlin Park Blvd #1525  
Jacksonville, FL 32256
3. Date of filing/registration in Florida: June 7, 2005
4. Document number: LO5000058694

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Amelia Hope Evans  
Name  
4426 Thicket Ridge Ln.  
Address  
Jacksonville, FL 32258  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Amelia Hope Evans  
Name  
7701 Timberlin Park Blvd. #1525  
Florida street address (P.O. Box NOT acceptable)  
Jacksonville, FL 32256  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Amelia Hope Evans  
(Signature of a member or authorized representative of a member)

Amelia Hope Evans  
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Amelia Hope Evans  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314