

# L06000113255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
Nov. 12 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2010

SANDY GOULSTON  
HOME DYNAMICS CHARLESTON, LLC  
4755 TECHNOLOGY WAY, SUITE 210  
BOCA RATON, FL 33431

SUBJECT: HOME DYNAMICS CHARLESTON, LLC  
Ref. Number: L06000113255

We have received your document for HOME DYNAMICS CHARLESTON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 710A00025017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOME DYNAMICS CHARLESTON, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDY GOULSTON

Name of Person

HOME DYNAMICS CHARLESTON, LLC

Firm/Company

4755 TECHNOLOGY WAY, SUITE 210

Address

BOCA RATON, FL 33431

City/State and Zip Code

Sgoulston@homedynamics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Goulston

Name of Person

at ( 561 ) 869-1806

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: HOME DYNAMICS CHARLESTON, LLC

2. (a) Principal office address of limited liability company: 4755 TECHNOLOGY WAY

☒ (Note: **MUST BE STREET ADDRESS**) 210  
BOCA RATON, FL 33431

(b) Mailing address of limited liability company: 4755 TECHNOLOGY WAY

☒ (Note: **MAY BE POST OFFICE BOX**) 210  
BOCA RATON, FL 33431

11/22/2006  
3. Date of filing/registration in Florida

L06000113255  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: JOYCE L. ELDEN, ESQ.

Registered Office Address: 222 LAKEVIEW AVENUE, SUITE 400  
WEST PALM BEACH, FL 33401

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: SANDY GOULSTON

**NEW** Registered Office Address: 4755 TECHNOLOGY WAY  
210  
BOCA RATON, FL 33431

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.

X DAVID SCHACH  
Signature of a member or authorized representative of a member

X DAVID SCHACH  
Printed or typed name of signee

*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.*

Sandra Goulston  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**