

L070000052883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

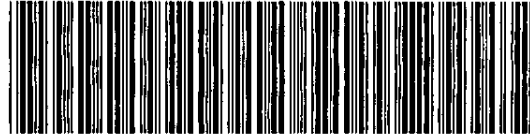
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 29 2015  
BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 DEC -7 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 29, 2015

DINA PETTONI  
STERN ASSOCIATES  
6400 CONGRESS AVE, SUITE 1650  
BOCA RATON, FL 33487

SUBJECT: THE HAND PLACE LLC  
Ref. Number: L07000052883

We have received your document for THE HAND PLACE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 715A00022965

1015 DEC -4 P 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

THE HAND PLACE

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:

DINA PETTONI

Name of Person

STERN ASSOCIATES

Firm/Company

6400 CONGRESS AVENUE SUITE 1650

Address

BOCA RATON, FL 33487

City/State and Zip Code

dina@sternassoc.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC -4 P 2:30

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For further information concerning this matter, please call:

DINA PETTONI

Name of Person

at ( 561 ) 391-1300 X-104

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 605.0114 or 605.0116, 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: THE HAND PLACE LLC
2. (a) 3150 SW 38 AVE MIAMI FL 33146 (b) 3150 SW 38 AVE MIAMI FL 33146  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. MAY 17 2007 Date of filing/registration in Florida 4. L07000052883 Document number

5. (a) KAPLAN, HAROLD E ESQ  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1515 UNIVERSITY DRIVE SUITE 201  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) CORAL SPRINGS, FL 33071  
STERN ASSOCIATES M. STERN CONSULTANTS, INC. PO 71000  
Enter name of NEW Registered Agent and/or NEW Registered Office address: PO7000100813  
6400 CONGRESS AVENUE SUITE 1650  
NEW Registered Office Address:

BOCA RATON, FL 33487

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.

S. A. Ouellette  
Signature of a member or authorized representative of a member

ELIZABETH A OUELLETTE  
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 605, 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.

[Signature]  
Signature of Registered Agent

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