

LD80000053439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PURSES WITH A PURPOSE 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:

CHRISTOPHER SPRINGHORN  
(Name of Person)

CHRISTOPHER SPRINGHORN CPA PA  
(Firm/Company)

601-C PONCE DE LEON BLVD  
(Address)

ST AUGUSTINE, FL 32084  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER SPRINGHORN at ( 904 ) 827-0088  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2008

CHRISTOPHER SPRINGHORN  
601-C PONCE DE LEON BLVD.  
ST AUGUSTINE, FL 32084

SUBJECT: PURSES WITH A PURPOSE, LLC  
Ref. Number: L08000053439

We have received your document for PURSES WITH A PURPOSE, 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 form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 608A00046100

**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: PURSES WITH A PURPOSE LLC

2. (a) Principal office address of limited liability company: 764 DEER HAVEN TRAIL  
(Note: **MUST BE STREET ADDRESS**) JAMESTOWN, TN 38556

(b) Mailing address of limited liability company: 14137 PLEASANT VIEW DR  
(Note: **MAY BE POST OFFICE BOX**) BOWIE, MD 20720

05/30/2008 L08000053439  
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: CAROLINA FERNANDEZ

Registered Office Address: 1170 CHESSINGTON CIR  
HEATHROW, FL 32746

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

**NEW** Registered Agent: CHRISTOPHER SPRINGHORN CPA PA

**NEW** Registered Office Address: 601-C PONCE DE LEON BLVD  
(**MUST BE FLORIDA STREET ADDRESS**) ST AUGUSTINE, FL 32084

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.

(Signature of a member or authorized representative of a member)

CHERYL HALL, MGRM  
(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.*

(Signature of Registered Agent)

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

FILED  
SEP 12 PM 12:08  
TALLAHASSEE, FLORIDA  
CLERK OF STATE