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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE HANDLER L	LC.
Name of Li	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
YANINA BALLESTEROS	3
Name of Person	
THE HANDLER LLC	
Firm/Company	
2696 PORTER STREET	
Address	*,
LAKELAND, FL 33810	
City/State and Zip Code	
HANDLER007@LIVE.CO	MC
E-mail address: (to be used for future annual report no	
For further information concerning this matte	r, please call:
	at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
■ \$25 Filing Fee	SSS Filing Fee & Certified Conv.

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. N	lame of the limited liability company: THE HANDLES	RLLC		
2. (a) Principal office address of limited liability composite: MUST BE STREET ADDRESS)	pany: 2696 PORTER STREET LAKELAND, FL 33810		
(1	o) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2696 PORTER STREET LAKELAND, FL 33810		
8/14/2	2009	L0900078465	5 A	
3. I	Pate of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Depti-of State:	
	Registered Agent:	YANINA BALLESTEROS	<u>.</u>	
	Registered Office Address:	3005 BUCKEYE POINT DRIVE WINTER HAVEN, FL 33881		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office add	ress:	
NEW Registered Office Address:		2696 PORTER STREET		
	(MUST BE FLORIDA STREET ADDRESS)	LAKELAND	,FL33810	
confiand liabilithe in the	e limited liability company is not organized under irmed that after the change or changes are made, the business office of the registered agent will be ility company, it is hereby confirmed that the changement of the limited liability company or as other presenting agreement of the limited liability company. Solve of a member or authorized representative of a member	he Florida street address of the dentical. Or, in the case of a l	e registered office	
Print	NA BALLESTEROS ed or typed name of signee treby accept the appointment as registered agent a ply with the provisions of all statutes relative to th I am familiar with and accept the obligations of m pter 608, F.S. Or, if this document is being filed to ress, I hereby confirm that the limited liability com	nd agree to act in this capacit e proper and complete perfor y position as registered agent o merely reflect a change in th pany has been notified in writ	y. I further agree to mance of my duties, as provided for in he registered office ting of this change.	
	ature of Registered Agent			

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