L10000124924

(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

C. LEWIS
Feb. 22, 2012
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2011

JOSHUA CAZARES JR
HANDY HUSBANDS DESIGN GROUP
502 NW 16TH STREET
FORT LAUDERDALE, FL 33311

SUBJECT: HANDY HUSBANDS DESIGN GROUP LLC
Ref. Number: L10000124924

We have received your document for HANDY HUSBANDS DESIGN GROUP 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):

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

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00023794

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HANDY HUSBANDS DESIGN GROUP 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:

JOSHUA CAZARES
Name of Person

HANDY HUSBANDS DESIGN GROUP
Firm/Company

500 NW 16TH Street Fort Lauderdale, FL 33311
Address

Fort Lauderdale, FL 33311
City/State and Zip Code

Jtvcr@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Cazares at (954) 668 1545
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: already paid fee.

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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: HANDY HUSBANDS DESIGN GROUP.

2. (a) Principal office address of limited liability company: 500 NW 16th Street Fort Laud. FL 33311

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 500 NW 16th Street Fort Laud. FL 33311

(Note: MAY BE POST OFFICE BOX)

2010/2011
3. Date of filing/registration in Florida

L10000124935
4. Document number

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TALLAHASSEE, FLORIDA

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

Registered Agent: United States Corp. Agents Inc.

Registered Office Address: 13302 Winding Oaks Blvd Suite A Tampa, FL 33610

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

NEW Registered Agent: Joshua Cazares.

NEW Registered Office Address: 500 NW 16th Street Fort Laud. FL 33311 ,FL

(MUST BE FLORIDA STREET ADDRESS)

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

JOSHUA CAZARES.
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

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TALLAHASSEE, FLORIDA

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

INHS18 (05/08)