

LB000100060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

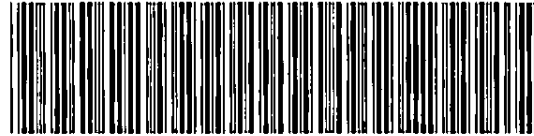
(Business Entity Name)

(Document Number)

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SEP 17 2018  
11:30

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INULP 95



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2018

Sebrina Bailey  
148 SE 6TH ST N/ PO BOX 167  
BELLE GLADE, FL 33430

SUBJECT: GIFTED HANDS RESIDENTIAL CARE L.L.C.  
Ref. Number: L13000100060

We have received your document for GIFTED HANDS RESIDENTIAL CARE L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please delete the words owner and manager on section 5b of application.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 518A00019682

2018 OCT -14 PM 11:08

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gifted Hands Residential Care 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:

Sebrina Bailey/ Satonia Montgomery

Name of Person

Gifted Hands Residential Care LLC

Firm/Company

148 S.E. 6th Street North / PO Box 167

Address

Belle Glade, FL 33430

City/State and Zip Code

giftedresidential@gmail.com

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

For further information concerning this matter, please call:

Sebrina Bailey at ( 561 ) 261-2556  
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

**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: GIFTED HANDS RESIDENTIAL CARE L.L.C.
2. (a) 148 S.E. 6th Street North  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Belle Glade, FL  
33430
- (b) PO BOX 167  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Belle Glade, FL  
33430
3. July 08, 2013  
Date of filing/registration in Florida
4. L13000100060  
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

340 S.E. 7th Street North

Belle Glade, FL 33430

- (b) Satonia Montgomery

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

Sebrina Bailey, Volunteer Manager

**NEW Registered Office Address:**

PO Box 191 215 Noah Court

Belle Glade, FL 33430

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.

Sebrina Bailey  
Signature of a member or authorized representative of a member

Sebrina Bailey

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.*

Sebrina Bailey  
Signature of Registered Agent

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