

L17000159488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800350735118

08/21/20--01011--036 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 21 AM 11:03

V. Smith

Division of Corporations

SUBJECT: ON HAND Technology, 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:

Maxine Nicodemus
Name of Person

ON Hand Technology, LLC
Firm/Company

113 15th Street
Address

St. Augustine, FLA, 32080
City/State and Zip Code

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

For further information concerning this matter, please call:

Todd Horn at (904) 382-5142
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

FILED
20 AUG 21 AM 11:03
CLERK OF STATE
DIVISION OF CORPORATIONS

submit 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: ON HAND Technology, LLC

2. (a) 113 15th Street

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

St. Augustine, Fla
32080

(b) 113 15th Street

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

St. Augustine, Fla
32080

3. 07/26/2017
Date of filing/registration in Florida

4. L17000159488
Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. SEMORAN BLVD.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 36
Orlando, FL 32822

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

113 15th Street
NEW Registered Office Address:

St. Augustine, FL 32080

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.

Max N. Nicodemus
Signature of a member or authorized representative of a member

Maxine N. Nicodemus
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 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.

Max N. Nicodemus
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 21 AM 11:03