

L20000224459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

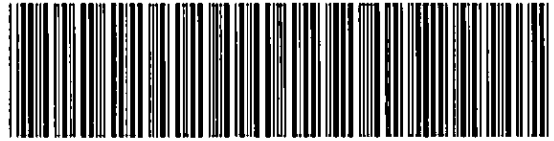
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OCT 21 2020

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 10/20/20

NAME: HOW SHE TOLD HIM LLC

TYPE OF FILING: STATEMENT OF CHANGE

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

atbodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOW SHE TOLD HIM 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:

Randy Smith

Name of Person

Advanced Corporate Agent Services

Firm/Company

100 N. LaSalle, #500

Address

Chicago, IL 60602

City/State and Zip Code

ra@advancedcorpagents.com

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

For further information concerning this matter, please call:

Randy Smith

Name of Person

312 929-3000
at ()

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

INHS18 (2/14)

**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: HOW SHE TOLD HIM LLC
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
8524 NW 28TH COURT 8524 NW 28TH COURT
CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065
- 07/28/2020 L20000224459
3. _____ 4. _____
Date of filing/registration in Florida Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
STROUSE SOBRINO, BONNIE A
Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)
8524 NW 28TH COURT
CORAL SPRINGS, FL 33065
- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Florida Filing & Search Services, Inc.
NEW Registered Office Address:
155 Office Plaza Drive
Tallahassee, FL 32301

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.

Bonnie Sobrino

Signature of a member or authorized representative of a member

BONNIE A STROUSE SOBRINO

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.

A. Hodge

Signature of Registered Agent

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