

L22000/84707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

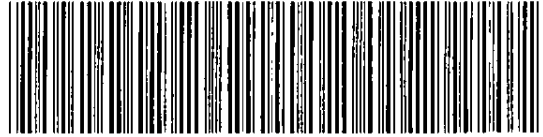
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200413055232

07/31/23--01019--008 **25.00

2023 JUL 31 AM 7:32
FILED

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PAMPERED HAND 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:

Dawn M Ward

Name of Person

The Pampered Hand LLC

Firm/Company

11700 Capri Circle South, Unit 6

Address

Treasure Island, FL 33706

City/State and Zip Code

john@cartiercpas.com

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

For further information concerning this matter, please call:

Dawn M Ward

at (610) 764-7066

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

**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: THE PAMPERED HAND LLC

2. (a) THE PAMPERED HAND LLC (b) THE PAMPERED HAND LLC

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

11700 CAPRI CIRCLE SOUTH, UNIT 6

TREASURE ISLAND, FL 33706

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

11700 CAPRI CIRCLE SOUTH, UNIT 6

TREASURE ISLAND, FL 33706

04/18/2022

L22000184707

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

(b) John C. Cartier

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

CARTIER CPAs, LLC

NEW Registered Office Address:

5737 9th Ave N

St. Petersburg, FL 33710

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.

Dawn M Ward
Signature of a member or authorized representative of a member

Dawn M Ward

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.

[Signature]
Signature of Registered Agent

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