

L230000093412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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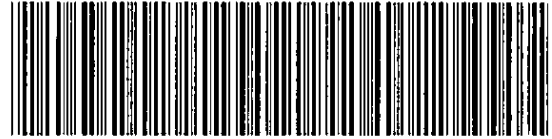
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

LENA HANDICRAFTS, LLC

**SUBJECT:** \_\_\_\_\_  
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:

VAN, HAI H

Name of Person

LENA HANDICRAFTS, LLC

Firm/Company

4953 TROPICAL GARDEN DR

Address

BOYNTON BEACH, FL. 33436

City/State and Zip Code

lenahandicrafts.llc@gmail.com

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

For further information concerning this matter, please call:

VAN, HAI H 860 970-3392

860

970-3392

at ( )

Name of Person

Area Code &amp; 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

2023 SEP -5 PM12:40

**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.

LENA HANDICRAFTS, LLC

1. Name of the limited liability company: LENA HANDICRAFTS, LLC  
4953 TROPICAL GARDEN DR 4953 TROPICAL GARDEN DR

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
BOYNTON BEACH, FL 33436  
(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
BOYNTON BEACH, FL 33436

02/21/2023

1.23000093412

3. Date of filing/registration in Florida 4. Document number  
VAN, HAI H

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
10291 FANFARE DR

BOCA RATON 33428  
FL

VAN, HAI H

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

NEW Registered Office Address:  
4953 TROPICAL GARDEN DR

BOYNTON BEACH 33436  
FL

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 member or authorized representative of a member

HAI VAN  
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.

Signature of Registered Agent

HAI H. VAN

08/29/2023

2023 SEP -5 PM 12:40  
DIVISION OF CORPORATIONS