· •	
M19 0000	12176
(Requestor's Name) (Address) (Address)	600356202896
(City/State/Zip/Phone #)	12/17/2001020029 ★★25.00
Certified Copies Certificates of Status	1700EC 17 PH 5:38 FE 0.3 2021 S. YOUNG



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 15, 2020

Order#: 544755-003

Re: CORAL MERCHANDISE, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. Na	ame of the limited liability company:	HANDISE	LLC	
2. (a)	2203 N Lois Ave M275	(b)	2203 N Lo	bis Ave M275
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33607		Tampa, Fl	_ 33607
	12/23/2019	i	M19000012	2176
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number
U. (4)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		2:2
	PLANTATION, FI	33324		921 DEC
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	iress:	PP :
	Corporation Service Company			6 39
	NEW Registered Office Address:			<u> </u>
	1201 Hays Street		_	
	Tallahassee, FI	L		
change agent v was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	e registere ability cor of the limi	d office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Lie E. CiQui	Jill C	ilmi, Autho	rized Person
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis. the ob- to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act i performa d for in C hereby co	in this capa nce of my a hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Drace i-Kirby

Signature of Registered Agent Grace E. Kriby, Asst. Vice President of Corporation Service Company

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