N26576

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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LUIS A. FORS

Attorney at Law

November 14, 2006

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

SUBJECT: HANDS IN ACTION, INC. DOCUMENT NUMBER: N26576

Dear Sir or Madam:

The enclosed statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Name of contact person: LUIS A. FORS

Firm/Company: <u>Attorney</u>

Address:

\$incerely

LUISIALFOR

11890 S.W. 8th Street. PH-6, Mjami, FL 33184

Telephone number: <u>305-559-1948</u>

Enclosed is a \$35.00 check made payable to the Department of State.

Thank you for your attention.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this		
statement of change is submitted for a corporation organized under the laws of the State of +LONDA		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: HANDS IN ACTION, INC.		
2. The principal office address: 6202 W. 21st. COURT, SUITE 402		
HIALEAH, FL 33.016		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 05-24-198 Document number: N26576		
5. The name and street address of the current registered agent and registered office on file with the		
Florida Department of State: CARMEN PORTELA		
6621 ACACIA CT.		
SOUTH MIANI, FL 33143		
6. The name and street address of the new registered agent (if changed) and /or registered office		
(if changed): LUIS A. FORS 書籍		
11890 S. W. 8 & STNEET, PH. 6 = 5		
(P.O. Box NOT acceptable) WAN/ FL 33/84		
- MAN, FL 30104 总器		
The street address of its registered office and the street address of the business office of its registered agence as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
(Signature of an obsect of director) (ARME) TORTELA - TRESIDENT. (Printed or typed name and title)		
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.		
(Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
LUNS A. FORS		
(Tomad or Drinted Name)		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)