

PO1000033018

Requester's Name

Hands Together Inc
1840 West 49th Suite 234
Hialeah, FL, 33012

500007641625--9
-09/10/02--01068--002
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

RA
Change

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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02 SEP -9 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

NR

**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
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: Hands Together Inc.
2. The principal office address: 1840 West 49 Street Suite 234.
Hialeah, Florida 33012
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/28/01 Document number: PO1000033018

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

FELIPE RODRIGUEZ
1840 W. 49 STREET Suite 234
HIALEAH, FL. 33012

6. The name and street address of the new registered agent (if changed) and /or registered office
changed):

ITALA SABBAKH
1840 W. 49 STREET Suite 234
HIALEAH, FLORIDA 33012
(P.O. Box or personal mailbox NOT acceptable)

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FLORIDA
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered
agent, 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.

ITALA SABBAKH
(Signature of an officer, chairman or vice chairman of the board)

ITALA SABBAKH
(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.*

ITALA SABBAKH
(Signature of Registered Agent)

09/05/02
(Date)

If signing on behalf of an entity:

ITALA SABBAKH
(Typed or Printed Name)

PRESIDENT / Registered Agent
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314