

P03000 145 949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

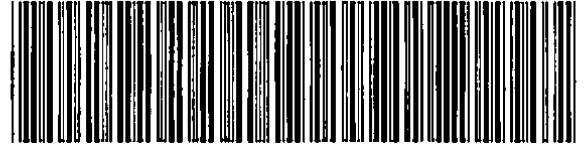
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: EXPLORING HAND THERAPY CORPORATION  
Name of Corporation

DOCUMENT NUMBER: P03000145949

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:

Cecelia Chambers

Name of Contact Person

Firm/Company

3225 McLeod Drive, Suite 100

Address

Las Vegas, NV 89121

City/State and Zip Code

ra@andersonadvisors.com ✓

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

For further information concerning this matter, please call:

Cecelia Chambers

Name of Contact Person

at 702 850-4064

Area Code & Daytime Telephone Number

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: EXPLORING HAND THERAPY CORPORATION
2. The principal office address: 2100 East Bay Dr Suite 7, Largo, FL 33771
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/01/2003 Document number: P03000145949
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

WEISS, Susan L

1184 79th Street South Saint Pete, FL 33707

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

Andra Zachow, CPA, MBA

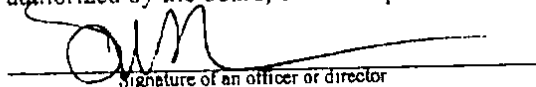
Ingalls Associates PA, CPAs

P.O. Box NOT acceptable

3495 5th Ave. N St Petersburg FL 33713

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

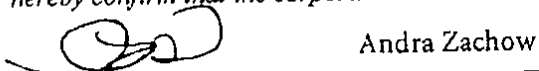
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Susan Weiss, President

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

Andra Zachow

8/13/2019  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed 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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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