

P 09000100757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

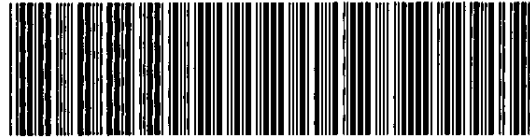
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
C.COULLETTE

NOV 16 2010

EXAMINER

COVER LETTER:

TO: Registration Section
Division of Corporations

SUBJECT: Hand Mark IT
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sanjay Khatri
(Name of Person)

Hand Mark It
(Firm/Company)

2616 N. Westmoreland Dr,
(Address)

Orlando, FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

Sanjay Khatri at (407) 8103991
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2010

SANJAY KHATRI
HAND MARK IT, INC.
2616 N. WESTMORELAND DR
ORLANDO, FL 32804

SUBJECT: HAND MARK IT, INC.
Ref. Number: P09000100757

We have received your document for HAND MARK IT, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You have submitted the form for an alien business organization, you are filed here as a Florida profit corporation therefore, I am sending the correct application for you to complete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 210A00025850

RECEIVED
11 NOV 12 PM 6:55
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAND MARK IT, INC
Name of Corporation

DOCUMENT NUMBER: P09000100757

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:

SANJAY KHATRI

Name of Contact Person

HAND MARK IT, INC

Firm/Company

2616 N. WESTMORELAND DR

Address

ORLANDO, FL 32804

City/State and Zip Code

SANJAY . KHATRI @ GMAIL . COM

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

For further information concerning this matter, please call:

SANJAY KHATRI

Name of Contact Person

at (407) 810-3991

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: HAND MARK IT, INC
2. The principal office address: 2616 N. WESTMORELAND DR.
ORLANDO, FL 32804
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/15/2009 Document number: P09000100757
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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

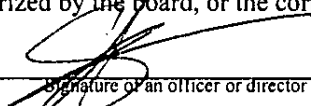
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SANJAY KHATRI
2616 N. WESTMORELAND DR
P.O. Box NOT acceptable
ORLANDO, FL 32804

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SANJAY KHATRI

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

11/9/10

Date

If signing on behalf of an entity:

SANJAY KHATRI

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
CR2E045 (8/05)