2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000055882

Entity Name: A TEACHER'S HELPING HAND, LLC

FILED Nov 13, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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504 POOL BRANCH RD FT. MEADE, FL 33841 US

Current Mailing Address: New Mailing Address:

PO BOX 1626 HIGHLAND CITY, FL 338461626

FEI Number: 32-0229450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HELVESTON, PAMELA 504 POOL BRANCH RD FT. MEADE, FL 33841 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAMELA HELVESTON

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 CRUM, ANGEL
 Name:

 Address:
 403 POOL BRANCH ROAD
 Address:

 City-St-Zip:
 FORT MEADE, FL 33841 US
 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:HELVESTON, PAMELAName:HELVESTON, PAMELAAddress:502 POOL BRANCH RDAddress:504 POOL BRANCH ROADCity-St-Zip:FORT MEADE, FL 33841 USCity-St-Zip:FORT MEADE, FL 33841 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANGEL CRUM MGRM 11/13/2009