# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DIRECTOR

#### SIGNATURE: BENSON ANGERVIL

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N12000005002

Entity Name: INNOVATIVE HELPING HANDS, INC

# Current Principal Place of Business:

6220 S ORANGE BLOSSOM TRAIL SUITE 514A ORLANDO, FL 32809

# **Current Mailing Address:**

1912 SILVER STAR ROAD ORLANDO, FL 32804

# FEI Number: 45-5305617

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

BOMAH, JOSEPH 6220 S ORANGE BLOSSOM TRAIL SUITE 514A ORLANDO, FL 32809 US Certificate of Status Desired: Yes

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.

	, , , , , , , , , , , , , , , , , , , ,	5 5	<b>0</b> <i>i i</i>	
SIGNATURE	E: JOSEPH BOMAH			07/16/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PT	Title	D	
Name	BOMAH, JOSEPH	Name	ANGERVIL, BENSON	
Address	7756 TANBIER DRIVE	Address	6220 S ORANGE BLOSSOM TR	RAIL
City-State-Zip:	ORLANDO FL 32818		SUITE 514A	
		City-State-Zip:	ORLANDO FL 32809	
Title	SV			
Name	MOSES, CHRISTIANA B			
Address	5200 NORTON AVENUE			
City-State-Zip:	KANSAS CITY MO 64130			

07/16/2020 Date