L040000 22744

The Help You Need Parking Service, L.L.C. 2315 Peppercorn St. Kissimmee, Fl. 34741



(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>#</i>)
PICK-UP	MAIT WAIT	MAIL
(Ru	siness Entity Nan	20)

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12/06/04--01028--002 **25.00

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ETARY OF STATE HASSEE, FLORIDA

Office Use Only

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

• • • • • • • • • • • • • • • • • • • •	•	The Help Vou Need De	dime Comice 1 1 O
		The Help You Need Par	
2. The mailing address of	the limited liability com	pany is: 2315 PEPPER	CORN ST
Kissimmee, FL. 34741			
03/15/2004	21.	L040000227	44
3. Date of filing/registrati	on in Florida	4. Document n	umber
5. The name of the registe Florida Department of S	red agent and the registe State: PEREZ, ROSA	red office address as show	n on the records of the
	1116 N.W. 126TH C	Name OURT	 :
	MIAMI FL 33182	ddress	
- 	• •	tate and Zip	
6. The name and address of	of the new registered age	nt and/or office:	
	Georgina Martinez		_ 200 TAL SE
	2315 Peppercorn St.	ame	2004 DEC SECRETA
	Florida street address (P.O. Box NOT acceptable	DEC -6 PI
	Kissimmee	FL 34741	rie 3 l
	Čity, Šta	te and Zip	OF STA
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the operation of the operating agreement of the operation of the operatio	tange or changes are made the registered agent will eby confirmed that the classification or as fithe limited liability confitting the limited liability confirmed the limited liability confitting the liability confit	le, the Florida street address	ss of the registered office
Georgina Martinez			
(Printed or typed name of signee)			· ·
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Qr. if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered age s of all statutes relative t l accept the obligations o his document is being fil that the limited liability	nt and agree to act in this of the proper and complete of my position as registered to merely reflect a chan company has been notified	capacity. I further agree to performance of my duties, a agent as provided for in ge in the registered office in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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