## 105000/108455

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2011 APR 15 PM 1: 20
SECRETARY OF STATE

J. SAULSBERRY EXAMINER APR 1 9 2011

## **COVER LETTER**

Division of Corporations		
SUBJECT: THE HEL	P CONNECTION, LLC	
Name of Limited Partnershi	ip or Limited Liability Limited Partnership	
DOCUMENT NUMBER:	L05000108455	
The enclosed Statement of Change of Regifee(s) are submitted for filing.	istered Office and/or Registered Agent and	
Please return all correspondence concerning	g this matter to:	
SANDOVAL DIAS	2011 APR 15 PM 1: 26 SEGRETARY OF STATE TALLAHASSEE: FLORID!	
Contact Person	AR AP	
THE HELP CONNECTION,	LLC SS -	
Firm/Company		
23158-1 Island View Driv	/e	
Address	DRIII	
Boca Raton - Florida - 334	133	
City, State and Zip Code		
diasemail@aol.cor		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this ma	tter, please call:	
Sandoval Dias	_at (561)	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to	o the Florida Department of State.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	

## 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.

1. Name of the limited liability company:	THE	HELP	Conh	ecTion	LLC
2. (a) Principal office address of limited li	ability compar	ny: 23	3158-1	121450	<u> Vien</u> o:
(Note: MUST BE STREET ADD.	<u>RESS</u> )		a (LAT= 1433	, p - FL	-C-24
(b) Mailing address of limited liability of	company:		SAME	AS AB	JR_
(Note: MAY BE POST OFFICE	BOX)			<del></del>	
11/8/2005		40	500	01084	155
3. Date of filing/registration in Florida		4. Documen	nt number		
5. (a) Registered Agent and Registered O	ffice shown on	the records o	of the Florida	Dept. of State	<b>:</b> :
Registered Agent:		SA4	Avag	L DIAC	
Registered Office Address:	A STATE OF THE STA	20273 S 30CA 334	RA5-P-	7-5-Ae	ABZ
			•		
(b) Enter name of <b>NEW Registered Ag</b>	ent and/or NE				
<b>NEW</b> Registered Agent:	2. 3	TOOL	144 1	2410	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET A.	DDRESS)		- 25CV+0	1,400 Z	onive
		3343	32	,FL	
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the of the members of the limited liability compor the operating agreement of the limited liability comports the liability comp	are made, the I nt will be iden at the change(s	Florida street atical. Or, in the street at	address of the the case of a uthorized by	e registered of Florida limited an affirmative	fice l vote
Signature of a member or authorized representative of a m	ember			APR APR AHA	-77
Printed or typed name of signee	- <del>' </del>	<del></del>	,	ARY O	
I hereby accept the appointment as register comply with the provisions of all statutes re and I am familiar with and accept the obliging Chapter 608, F.S. Or, if this document is be address, I hereby confirm that the limited like	red agent and a lative to the pr ations of my po ling filed to me ability compan	agree to act ir oper and com osition as regi erely reflect a y has been no	n this capacit splete perfor stered agent change in th stified in writ	y, Tfürther eg mance of my d as Frovided fo e registerad o ing of this cha	ree to uties; or in ffice nge.