2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000054709

Entity Name: FRIENDLY ASSISTANTS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
12304 EAGLE LAKE AVE NEW PORT RICHEY, FL 34654 US	4219 NORCREST LANE NEW PORT RICHEY, FL 34652 US

Current Mailing Address:	**New Mailing Address:**
12304 EAGLE LAKE AVE NEW PORT RICHEY, FL 34654 US	PO BOX 1569 ELFERS, FL 34680

FEI Number: 26-3551649   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:**
MORGAN, GREGORY A 12304 EAGLE LAKE AVE NEW PORT RICHEY, FL 34654 US	MORGAN, GREGORY A 4219 NORCREST LANE NEW PORT RICHEY, FL 34652 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: GREGORY MORGAN   12/14/2009
_____
              Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	MORGAN, GREGORY A		Name:	MORGAN, GREGORY A
Address:	12304 EAGLE LAKE AVE		Address:	4219 NORCREST LANE
City-St-Zip:	NEW PORT RICHEY, FL 34654 US		City-St-Zip:	NEW PORT RICHEY, FL 34652 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: GREGORY MORGAN   MGRM   12/14/2009
_____
       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date