109000077842

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(Address)	
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SECRETARY OF STATE TALLAHASSEE, FLORID

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Here 2 Assist LLC
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Juan M Ortega	
Name of Person	SEC SECL
Here 2 Assist LLC	RETAS AHAS
Firm/Company	
4245 SW 139 Ct Address	OF STATE E. FLORIDA
Miami, FL 33175 City/State and Zip Code	
ortegafamily1987@gmail.co	om notification)
For further information concerning this mat	tter, please call:
Eneida M Ortega	at (786) 353-3490 Area Code & Daytime Telephone Number
rame of Leson	Area code de Dayunto Ferephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the followi	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



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:	Here 2 Assist LLC
2. (a) Principal office address of limited liability company	13380 SW 77 Street
(Note: MUST BE STREET ADDRESS)	Miami, FL 33183
(b) Mailing address of limited liability company:	13380 SW 77 Street
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33183
8/13/2009	L0900077842
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Nancy Torga
Registered Office Address:	13380 SW 77 Street Miami, FL 33183
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Juan M Ortega 4245 SW 139 Court
	Miami, ,FL 33175
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Eneida M Ortega Printed or typed name of signee	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Signature of Registered Agent