L10000089936

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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Dusiness Estity Name)		
(Business Entity Name)		
L1-89936		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

Division of Corporations			
SUBJECT:	Felix Can Help		
Name of L	imited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	his matter to the following:		
Felix G. Toral Name of Person			
Name of Person			
			
Felix Can Help LLC Firm/Company			
1 min company			
706 Barant Cirola South			
706 Regent Circle South	 		
Brandon fl 33511			
City/State and Zip Code			
cz4always@aol.com E-mail address: (to be used for future annual report no			
E-mail address: (to be used for future annual report no	tification)		
For further information concerning this matte	r, please call:		
Felix G. Toral	at (813) 775-8552		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

TO: Registration Section



September 13, 2010

FELIX G. TORAL 706 REGENT CIRCLE SOUTH BRANDON, FL 33511

SUBJECT: FELIX CAN HELP LLC Ref. Number: L10000089936

We have received your document for FELIX CAN HELP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In number 5 (a) of the form that need to be the current Registered Agent as listed on DOS records. (see printout) Number 5 (b) enter name of NEW REGISTERED AGENT/REGISTERED OFFICE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 310A00021664

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:	Felix Can Help LLC		<u> </u>
2. (a) Principal office address of limited liability company	·	o ct	SEC SEC
(Note: MUST BE STREET ADDRESS)	706 Regent Circle South Brandon, FI 33511	1-4	ETARY OF OK
(b) Mailing address of limited liability company:		무	36 A
(Note: MAY BE POST OFFICE BOX)		છું 58	DS AT IO
August 26, 2010	L0000089936		***************************************
	4. Document number		
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of	State:	
Registered Agent:	Folix G. Toral		
Registered Office Address:	19803 Falcones PI 706 regent Circle South Brandon FL 33511		<u>-</u>
and the second of the second o	Tampa FL 23647		
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:		
NEW Registered Agent:	Joan f. Harris		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2607 Bell shoals Rd		
	<u>Brandon</u> ,FL	<u>3351</u>	<u>1</u>
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand 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	orida street address of the registers cal. Or, in the case of a Florida lin was/were authorized by an affirm.	ed offi mited ative v	ote .
Joan F. Harris Printed or typed pame/of signee	-		
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my pose that familiar with and accept the obligations of my pose Chapter 606, FS. Or, if this document is being filed to mer address. I hereby confirm that the limited liability company	gree to act in this capacity. I furth per and complete performance of ition as registered agent as provide ely reflect a change in the register has been notified in writing of thi	er agr my du ded for red off s chan	ee to ties, in ice ge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00