## L13000057597

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





300262236743

08/01/14--01012--016 \*\*25.00

Charge



1002

## COVER LETTER

TO:	Registration Section Division of Corporations								
SURJ	Helping Hand Pet Stuff LLC	-							
0000	SUBJECT: Name of Limited Liability Company								
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.						
Please	return all correspondence concerning thi	s matter to the fo	llowing:						
Fred	Allen								
	Name of Person								
~	Firm/Company		-						
P.O.	Box 2978								
	Address		•						
Chief	fland, FL 32644								
	City/State and Zip Code		-						
Conta	actHHPS@aol.com								
<u>}</u>	E-mail address: (to be used for future ann	ual report notifica	ntion)						
For fu	rther information concerning this matter,	please call:							
Fred	Alien	321	278-9916						
	Name of Person		Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314						
Enclosed is a check for the following amount:									
	<b>2</b> \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy						
INHSI	8 (2/14)								

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Helping Hand Pet Stuff LLC							
2.	(a)	Helping Hand Pet Stuff LLC	(b) F	Pet Store				
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- \ / ^	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		20 S. Arbor Drive		P.O. Box 2978				
		Ormond Beach, FL 32174	_ <u>C</u>	Chiefland, FL 32644				
		4/18/2013	L1	3000057597				
3.		Date of filing/registration in Florida	4.	Docum	nent number			
5.	(a)	Fred Allen						
	• /	Registered Agent and Registered Office shown on the records of the 5045 Patricia St	e Florida De	pt. of State:	AUG -			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		Cocoa	2923		2: 57 STATE LORID			
	(b)	Fred Allen (No change)  Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		14650 N.W. 83rd Terrace						
		NEW Registered Office Address:						
		Trenton , FL	2693					
the age was	cha: nt w s/we	mited liability company is not organized under the law- inge or changes are made, the Florida street address of to will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of seles of organization or the operating agreement of the liab	ne register pility comp the limite	ed office and the pany, it is hereby I liability compa	e business office of the registered v confirmed that the change(s)			
	$\not \Delta$	my & Hand	Barry	E. Hart				
I h pro the to n hot	erel visio obli nere ified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to act in erformanc for in Cha reby conf	this capacity 1	or typed name of signee further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been			
Sig	. ratul	o ordenten ukom						