

L16000020129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

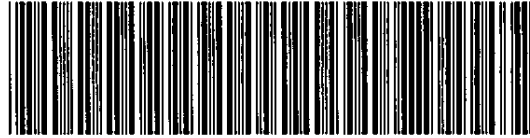
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600288624686

08/09/16--01011--001 **25.00

FILED
16 SEP -6 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/6/16
[Signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2016

SALAH ATTIA
922 SW 70TH WAY
NORTH LAUDERDALE, FL 33068

SUBJECT: HELPING HAND MEDICAL TRANSPORTATION LLC
Ref. Number: L16000020129

2016 SEP -6 PM 4: 22
TALLAHASSEE, FLORIDA

We have received your document for HELPING HAND MEDICAL TRANSPORTATION 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):

The new Registered Agent must sign document.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 816A00017173

FILED
16 SEP -6 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helping Hand Medical Transportation 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 this matter to the following:

Salah Attia

Name of Person

Helping Hand Medical Transportation LLC

Firm/Company

922 sw 70th way

Address

N. Lauderdale FL 33068

City/State and Zip Code

HHMTRANSPORT@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salah Attia

754

204-5474

at (_____) _____

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
16 SEP -6 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

Helping Hand Medical Transportation LLC

1. Name of the limited liability company: _____

2. (a) 922 sw 70th way (b) 922 sw 70th way

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

North Lauderdale FL 33068

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

North Lauderdale FL 33068

1/20/2016

L16000020129

3. Date of filing/registration in Florida

4. Document number

Salah Attia (Vice President)

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

922 sw 70th way

North Lauderdale, FL 33068

FILED
16 SEP - 6 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(b) Mohamed Hassan (President)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Salah Attia
Signature of a member or authorized representative of a member

Salah Attia
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mohamed Hassan
Signature of Registered Agent

Mohamed Hassan