## 117000033652

(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bus	iness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
	<u>um.il</u>	2.			

Office Use Only



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2024 **AUS30** AT 9: 28

## COVER LETTER

TO: Registration Section Division of Corporations						
Help Slip Fundings, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to th	ne following:				
Michael F. von Gonten						
Name of Person						
Help Slip Fundings, LLC						
Firm/Company		<del></del>				
6173 Pine Drive						
Address						
Lake Worth, FL 33462						
City/State and Zip Code						
vongonten@aol.com						
E-mail address: (to be used for future and	nual report no	tification)				
For further information concerning this matter.	, please call:					
Michael F. von Gonten	561 at (	703-9575				
Name of Person	at t	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following	g amount:					
□ \$25 Filing Fee	ü	\$55 Filing Fee & Certified Copy				
INHS1872/14)						

## 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.

I. N	ame of the limited liability company:	LLC		
2. (a)	Help Slip Fundings, LLC		 	o Fundings, LLC
₩. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	//	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6173 Pine Drive		6173 Pine	: Drive
	Lake Worth, FL 33462	_	Lake Wo	rth, FL 33462
	August 26th, 2024		1.1700003	3652
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Michael F. von Gonten			- 25
.). (a)	Registered Agent and Registered Office shown on the records of the			2021 AUS
	Michael F von Gonten			
	Registered Office Address (MUST BE FLORIDA STREET AL			
	6173 Pine Drive			•
	Lake Worth FL 3	33462		
(b)	Zachery D. von Gonten			29
(1)	Enter name of NEW Registered Agent and/or NEW Registered O	)fTiçe ad	dress:	_
	Zachery D von Gonten			
	NEW Registered Office Address:			_
				_
	\$21			
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistero ility co the lin	ed office a empany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
[M	Eur Conten	Mic	hael F. von	
•	dure of a member or authorized representative of a member	•	·	Printed or typed name of signee
provisi the obj to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided j ely reflect a change in the registered office address. I he d in writing of this change.	e to act erform for in ( ereby co	in this cap ance of my hapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signali	de of Registered A cent			