

L17 000033652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

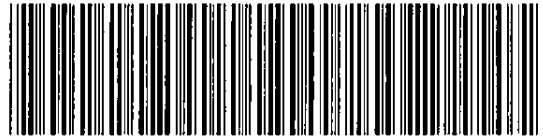
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CLERK OF COURT
JULIA L. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Help Slip Fundings, 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:

Michael F. von Gonten
Name of Person

Help Slip Fundings, LLC
Firm/Company

6173 Pine Drive
Address

Lake Worth, FL 33462
City/State and Zip Code

vongonten@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael F. von Gonten 561 703-9575
at ()
Name of Person 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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

JN1518 (2/14)

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.

INIS18 (2/14)