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PICK-UP WAIT MAIL							
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Certified Copies Certificates of Status							
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## **COVER LETTER**

	Registration Section Division of Corporations							
SUBJE	CT: Carrie's Helping Hands, LLC							
		Name of Limited Liability Company						
Dear Si	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:								
Rosa	Stephens							
	Name of Person							
Carrie	Carrie's Helping Hands, LLC							
	Firm/Company		•					
1148 (	Oakhill Street							
	Address		•					
Seffne	er, FI 33584							
	City/State and Zip Code		-					
carries	shelpinghandsllc@gmail.com							
E-	mail address: (to be used for future annual	l report notifica	ation)					
For further information concerning this matter, please call:								
Rosa	Stephens	813 at (	808-6952					
	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>☑</b> \$25 Filing Fee	<b>□ \$</b> 55	Filing Fee & Certified Copy					

INHS18 (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. Na	me of the limited liability company: Carrie's Helpi	ng Hands, I	LC			
2. (a) .		(b)				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1148 Oakhill St		6002 vel st			
	Seffner, FI 33584	Wimauma, F1 33598				
	03/07/2019	Ц	900006609	7		
3.	Date of filing/registration in Florida	4.	Document num			
5. (a)	Larena Stephens	de Marida Dani	ul States			
	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:			
	Registered Office Address (MUST BE FLORIDA STREET.)	ADDRESS)				
	1939 Summer Club pr #	307		2019 SEL		
	Oveida , FL		_	1		
	Rosa Stephens			21		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office <u>address</u> :				
				AN 10: 07		
	NEW Registered Office Address:			\$17 - L		
	Registered Office Address.					
	MMauma FI	33598	, 			
the cha agent was/wa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization/or the operating agreement of the	f the registere iability compa of the limited	d office and the busine my, it is hereby confir liability company or a	ess office of the registered med that the change(s)		
X	ou Oleftono	Risa !	Stephens Printed or typed			
	dure of a member or authorized representative of a member		hie amerita I forther	carree to comply with the		
provis the obj to men	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elyreflect a charge in the registered office address. It is in writing of this change	ree to act in the performance ed for in Chap hereby confir	ins capacity. I further of my duties, and I an ster 605, F.S. Or, if th m that the limited liab	agree to comply with the formal arcept is document is being filed filty company has been		
Signati	are of Registered Agent					