

L20000 110284

(Requestor's Name)

(Address)

(Address)

ne #)

☐ PIC

Rach

☐ MAIL

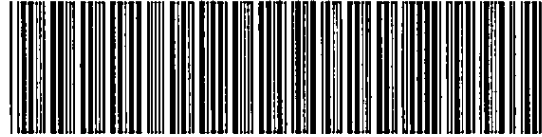
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000344508900

05/12/20--01011--022 **25.00

R WHITE

MAY 29 2020

Settled 5/11/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELPING HANDS LEGAL, PLLC

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:

TOBY V. OLVERA

Name of Person

HELPING HANDS LEGAL, PLLC

Firm/Company

701 Market Street Suite 111 #5043

Address

St. Augustine, FL 32095

City/State and Zip Code

tolvera@tobyolvera.com

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

For further information concerning this matter, please call:

TOBY V. OLVERA

352

200-2876

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

**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 HANDS LEGAL, PLLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

701 Market Street, Suite 111#5043

St. Augustine, FL 32095

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

701 Market Street, Suite 111 #5043

St. Augustine, FL 32095

4/23/3020

L20000110284

3. Date of filing/registration in Florida

4. Document number

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

Toby V. Olvera

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

701 Market Street, Suite 111#5043

St. Augustine, FL 32095

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Bill Havre, Registered Agents, Inc.

NEW Registered Office Address:

7901 4th St N, STE 300

St. Petersburg, FL 33702

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.

[Signature]
Signature of a member or authorized representative of a member

Toby V. Olvera

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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00