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TO: Amendment Section Division of Corporations

SUBJECT: HELP ME MARKET, LLC. Name of Corporation

DOCUMENT NUMBER: L20000253595

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID E MANNING, JR.					
Name of Contact Person					
HELP ME MARKET. LLC.					
Firm/Company					
2615 RIVER LANDING DR.					
Address					
SANFORD, FL 32771					
City/State and Zip Code					
DAVIDMANJR@GMAIL.CO	ОМ				
E-mail address: (to be used for future annual report no	otification)		- 30	2024 OCT	• ••••••• •••
For further information concerning this matter, please call:	:		- : : :	I	12
DAVID E MANNING JR	nt (<u>407</u>	383-0840	-	ယ —	
Name of Contact Person	Area Coc	le & Daytime Te	lephone N	umber	د م مرتب م
			-	ŝ	فمعدا
Enclosed is a \$35.00 check made payable to the Department	nt of State.		~ ' • 1	52	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)



September 15, 2023

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DAVID E MANNING, JR. HELP ME MARKET LLC 2615 RIVER LANDING DR SANFORD, FL 32771

SUBJECT: HELP ME MARKET LLC Ref. Number: L20000253595

We have received your document for HELP ME MARKET LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing Operations Manager A

Letter Number: 823A00021250

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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. Name	e of the limited liability company: <u>He</u>)	p Me	Market L	_LC.
	2615 <u>River Landing Dr.</u> Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) SANFORD, FL 32771		_	of limited liability company: BE POST OFFICE BOX)
-	August 18, 2020 Date of filing/registration in Florida		L L DODO L Document nu	
-	United States Corporation A egistered Agent and Registered Office shown on the records of 5575 S. SEMORAN BLVD tegistered Office Address <u>(MUST BE FLORIDA STREET</u> .	<u>geats</u> the Florida Dep <u>36</u>	INC.	
E	Drvid E. Manning, Jr Drvid E. Manning, Jr nter name of <u>NEW Registered</u> and/or <u>NEW Registered</u>	Office addres	<u>s</u> :	STOKE MAY OF A
 	2615 River Landing D SEW Registered Office Address: Sanford .FL			
change of agent wil was/were the article	nited liability company is not organized under the law r changes are made, the Florida street address of the Il be identical. Or, in the case of a Florida limited li- e authorized by an affirmative vote of the members of es of organization or the operating agreement of the will be will be will be a be	ws of the Sta registered o ability compa of the limited limited liabi	te of Florida, it is her ffice and the business any, it is hereby confi I liability company or	s office of the registered irmed that the change(s) as otherwise provided in

Signature of a member or authorized representative of member 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.

0.ر E Signature of Registered Agent

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