423000218835

(Requestor's Name)			
(Address)			
(1001000)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Littly Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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May 30, 2023

RODRIGO MONTANO 7815 REGAL HERON CIRCLE APT. 205 NAPLES, FL 34104

SUBJECT: HELP ELECTRIC LLC Ref. Number: L23000218835

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell Regulatory Specialist II Supervisor

Letter Number: 723A00012237



COVER LETTER

Division of Corporations				
SUBJECT: Help Elactric 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:				
Rodrigo Montano Name of Person				
Halp Elactric LLC Firm/Company				
7815 Regal Havon Circle Spt 205 Address				
Naplas, Florida 34104 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Rodingo Montano at (239) 285-7848 Name of Person Area Code & Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
Enclosed is a check for the following amount:				

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

TO: Registration Section

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	ame of the limited liability company: Help Electric LLC	
2. (a)		failing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Noples Florida - 34104 Na,	olas Fl. 34104
	05 03 2023	-300051883C
3.		Document number
5. (a)	Legal corp Solutions, LLC	
J. (a,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	3440 W HOLLYWOOD BLVD.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	SUITE 4/5	
	HOLLYWOOD ,FL 33021	IAS 🖀
41.5	Rodigo Montano	LI AND SECTION OF THE
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	SSS T
		<u>m</u> -< 1
	7815 Regal Hann Circle Apt 205	
	NEW Registered Office Address:	AH B: 90 SFLORIDA
		9 •
	A	
	Naplus FL 34104	
chang- agent was/w	limited liability company is not organized under the laws of the State of Flocor changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
the art	icles of organization or the operating agreement of the limited liability com	
Signa	Loding P V Lon to no 12 liture of a member 12	Dango Montano Printed or typed name of signee
, marijie	by accept the appointment as registered agent and agree to act in this capa ions of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address. I hereby confirm that to din writing of this change.	21
Signati	ore of Registered Agent	
	Division of Corporations P.O. Box 6327 Tallahas	see, FL 32314

FILING FEE: \$25.00