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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Help Out Inc. Name of Corporation
DOCUMENT NUMBER: NO200007625
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:
Sherrie lerrell Name of Contact Person
Name of Contact Person
Help Out Inc. Firm/Company
rum/Company
169 Burger Street
O Address
Manchester, TN 37355 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samartha Lerrell at (863) 801-3475 Name of Contact Person Area Code & Daytime Telephone Number
No. 5!7
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section
Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Help Out Inc.
2. The principal office address: 169 Burger Street, Manchester, IN 37355
3. The mailing address (if different): P.O. Bex 1513, Manchester, TN 37349-1513
4. Date of incorporation/qualification: December 15,2003 Document number: 55-081.2962
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Sherrie Terrell
169 Burger Street
Manchester 37355
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
James R. Dawson
3578NW 37th Ave. P.O. Box NOT acceptable
Okechobee, FL 34972
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
James R. Daws L. Ja Typed or Printed Name

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *