

no4000009542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

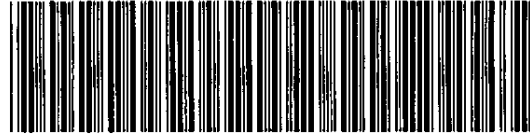
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 19 2015  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Helping You Help, Inc.  
Name of Corporation

DOCUMENT NUMBER: N 0400000 9542

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:  
Address

Karol S. Pierce  
Name of Contact Person

Helping You Help, Inc.  
Firm/Company

31232 Lancewood Dr.  
Address

Brooksville, FL 34602-7637  
City/State and Zip Code

Karolpierce.esq@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karol S. Pierce at (352) 398-3183  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Helping You Help, Inc.

*new* 2. The principal office address: 31232 Lancewood Drive  
Brooksville, FL 34602

*Same as above* 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/7/2004 Document number: NO4000009542

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)

Karol S. Pierce

see new address below

*former address:*  
6121 SW 42nd Ct.  
Davie, FL 33314

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Karol S. Pierce

31232 Lancewood Drive

P.O. Box NOT acceptable

Brooksville, FL 34602

*address change on ly*

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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.

Karol S. Pierce  
Signature of an officer or director

Karol S. Pierce Exec. Dir.  
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.

Karol S. Pierce  
Signature of Registered Agent

5/6/2004  
Date

If signing on behalf of an entity:

Karol S. Pierce  
Typed or Printed Name

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