

N 13000000326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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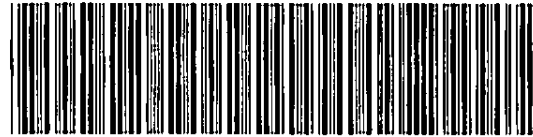
(Business Entity Name)

(Document Number)

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C. GOLDEN

AUG - 7 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Help The Vets Inc  
Name of Corporation

DOCUMENT NUMBER: N13000000326

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:

Sherwood Shaff  
Name of Contact Person

Help The Vets Inc  
Firm/Company

1613 E. LIVINGSTON STREET STE.200  
Address

ORLANDO FL 32803  
City/State and Zip Code

htvinc@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherwood Shaff at ( 407 ) 267-5857  
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: Help The Vets Inc.
2. The principal office address: 11613 E. Livingston Street Suite 200  
Orlando, FL. 32803
3. The mailing address (if different): 11613 E. Livingston St Suite 200  
(add suite #) Orlando FL 32803
4. Date of incorporation/qualification: Jan. 10, 2013 Document number: N1300000003240
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)

Neil Paulson Sr.  
11613 E. Livingston Street  
Orlando, FL. 32803

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

Sherwood Shoff  
11613 E. Livingston Street Suite 200  
Orlando, FL. 32803

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.

Neil Paulson Sr.  
Signature of an officer or director

Neil Paulson Sr. Treasurer  
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.

Sherwood Shoff  
Signature of Registered Agent

July 31, 2017  
Date

If signing on behalf of an entity:

Sherwood Shoff  
Typed or Printed Name

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