

N150000005335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Helping Hand organization inc
Name of Corporation

DOCUMENT NUMBER: NIS 000005335

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:

Donte Stevenson
Name of Contact Person

Helping hand organization inc
Firm/Company

9858 glades road # D3-542
Address

Boca Raton, FL 33434
City/State and Zip Code

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

For further information concerning this matter, please call:

Donte Stevenson at (561) 41446082
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Helping hand organization inc.
2. The principal office address: 9858 glades road # D3-542
Boca Raton, FL 33434
3. The mailing address (if different): _____

_____ 05/27/2015 EFF: 05/22/2015 _____
4. Date of incorporation/qualification: _____ Document number: N15000005335

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)

STEVENSON, DONTE
911 SW 6TH AVE
DELRAY BEACH, FL 33444

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

Donte Stevenson
NEW ADDRESS:
9858 glades road # D3-542
P.O. Box NOT acceptable
Boca Raton, FL 33434

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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.

Donte Stevenson
Signature of an officer or director

Donte Stevenson, owner
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.

Donte Stevenson
Signature of Registered Agent

11/19/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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