

N 15 0000 114916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

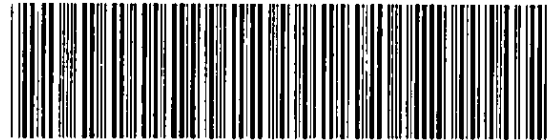
Copies _____

Certificates of Status _____

3. Instructions to Filing Officer:

J. HORNE
MAY 10 2023

Office Use Only



300408031053

FILED
2023 MAY 10 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FL
05-10-23 01011-005 435.00

RECEIVED
2023 MAY 10 AM 11:39
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HELP WE CAN FOUNDATION INC
Name of Corporation

DOCUMENT NUMBER: N15000011496

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:

DARRELL SLATER

Name of Contact Person

HELP WE CAN FOUNDATION INC

Firm/Company

310 BROOKFIELD RD

Address

VALDOSTA GEORGIA 31602

City/State and Zip Code

helpwecanfoundationinc@helpwecanfoundationinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARRELL SLATER

Name of Contact Person

at (770) 256-9113

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 WE CAN FOUNDATION INC
2. The principal office address: 9424 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 2017 Document number: N15000011496
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)

DARRELL SLATER

9424 BAYMEADOWS ROAD

JACKSONVILLE, FL 32256

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

SHANTA MICHELLE FLOYD-SLATER

31834 TROPICAL SHORES DRIVE

P.O. Box NOT acceptable

TAVARES, FL 32778

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.

Darrell L. Slater

Signature of an officer or director

DARRELL SLATER CFO

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.

Shanta Floyd Slater

Signature of Registered Agent

MAY 4, 2023

Date

If signing on behalf of an entity:

Shanta Floyd Slater

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

FILED
2023 MAY 10 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA