## DOCUMENT # N18866 1. Entity Name HELPING HANDS TO ANIMALS, INC.

Principal Place of Business Mailing Address								
1500 S.E. 3RD CT 110 DEERFIELD BEACH FL 33441		1500 S.E. 3RD CT 110 DEERFIELD BEACH FL 33441						
US		US			I POLITICA INCENTALIA	T BYNN BURN BYBYN BYRYN BYBYN B		
2. Principal Place of Business		3. Mailing Address					<b>a</b> il 61911 1581	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 59-2792740 Applied For			
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
		nt Registered Agent	<u> </u>	7 Name and	Address of New Re	· / Lea Hadrine	0	
		THE TOTAL PROPERTY OF THE PROP	Name	7. Ivalise and	Address of New Ne	Gisteled Affent	<del></del>	
				Street Address (P.O. Box Number is Not Acceptable)				
	IIR, JOAN IILLSBORO BLVD		Street	Address (P.O. Box Numb	er is Not Acceptable)			
STE 518	TILLOBURU DLVD							
DEERFIELD BCH FL 33442			City	City FL Zip Code				
8. The above	e named entity submits this statement	for the purpose of changing its	registered office o	or registered agent, or bo	th in the state of Flori	1		
SIGNATURE	JOAN COOKFA	FIR DOG CA	old is u	/	San.	12, 2101		
SIGNATUAL	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	E: Registered Agent signa	ture required when reinstating)	10012	DATE		
· · · · · ·					<u> </u>			
FILE NOW: 9. Election Campaign Fina			n Financing	\$5.00 May Be	Make	Check Payable to		
FEE IS \$61.25		Trust Fund Contrib			ed to Fees Department of State			
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS (CIT	ANCES TO OFFICER	O AND DIRECTORS IN	10	
TITLE	D	Delete	TITLE	ADDITIONS/CH	ANGES TO OFFICER	S AND DIRECTORS IN	Addition	
NAME	JOAN COOKFAIR	Delete	NAME			Change	☐ Addition	
STREET ADDRESS	1423 E HILLSBORO BV 518		STREET ADDRESS	5070 F	ossifilia	st:	,	
CITY-ST-ZIP	DEERFIELD BCH PL		CITY-ST-ZIP	Soro Fo	Beach, 7	t 33484	<u> </u>	
TITLE	D	☐ Delete	TITLE	0	,	☐ Change	☐ Addition	
NAME	HUDGENS, JUDITH		NAME					
STREET ADDRESS CITY-ST-ZIP	4365 CORAL SPRINGS DR.		STREET ADDRESS					
TITLE	CORAL SPRINGS FL 33065	Delete	CITY-ST-ZIP		. /			
NAME"	MCMANUS, SHANI	Delete	IIILE . NAME	"71"/1	tation	☐ Change	<b>∡</b> Addition	
STREET ADDRESS	5640 NW 61ST ST #1406		STREET ADDRESS	3945 64	1 22 rd	1 NO. #10	7	
CITY-ST-ZIP	COCONUT CREEK FL 33073		CITY-ST-ZIP	JILL DE 2945 S.W Belray B	esel H	33445	•	
TITLE	S		T)T) C	, ,	<del>/</del>	Change	Addition	
NAME	_	☐ Delete	TITLE			☐ Change		
STREET ADDRESS	SHEEHAN, GRETCHEN	LJ Delete	NAME			∟r change		
	SHEEHAN, GRETCHEN 702 SE 2ND AVE #408	LJ Delete	NAME STREET ADDRESS			□ Change		
CITY-ST-ZIP	SHEEHAN, GRETCHEN		NAME STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	SHEEHAN, GRETCHEN 702 SE 2ND AVE #408	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	
CITY-ST-ZIP FITLE NAME	SHEEHAN, GRETCHEN 702 SE 2ND AVE #408		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
CITY-ST-ZIP	SHEEHAN, GRETCHEN 702 SE 2ND AVE #408		NAME STREET ADDRESS CITY-ST-ZIP TITLE					
CITY-ST-ZIP  FITLE NAME  STREET ADDRESS	SHEEHAN, GRETCHEN 702 SE 2ND AVE #408	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
CITY-ST-ZIP  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	SHEEHAN, GRETCHEN 702 SE 2ND AVE #408		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
CITY-ST-ZIP  ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	SHEEHAN, GRETCHEN 702 SE 2ND AVE #408	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
OTY-ST-ZIP  ITLE  NAME  STREET ADDRESS  OTY-ST-ZIP  ITLE  NAME	SHEEHAN, GRETCHEN 702 SE 2ND AVE #408	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition	

I nereby certity that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED