

PO5000127392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

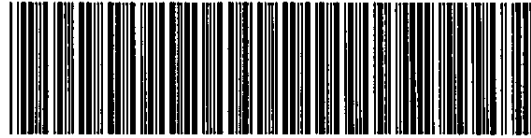
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FILING
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. Lewis
9-25-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Service & Help Corp.
Name of Corporation

DOCUMENT NUMBER: P05000127392

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:

Poveda, Barbaro

Name of Contact Person

Service & Help Corp.

Firm/Company

5700 Memorial Hwy Ste 116

Address

Tampa, Florida 33615

City/State and Zip Code

bpoveda3@gmail.com

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

For further information concerning this matter, please call:

Poveda, Barbaro

Name of Contact Person

at (813) 326-2951

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: Service & Help Corp.
2. The principal office address: 5700 Memorial Hwy ste 116
Tampa, Florida 33615
3. The mailing address (if different): P.O. Box 262065
Tampa, Florida 33685-2065
4. Date of incorporation/qualification: 09/15/2005 Document number: P05000127392
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)
Poveda, Barbaro
7710 Springside Lane
Tampa, Florida 33615
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Poveda, Barbaro
5700 Memorial Hwy ste 116
P.O. Box NOT acceptable
Tampa, Florida 33615

14 SEP 18 AM 11:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Signature of an officer or director

Poveda, Barbaro

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.

Signature of Registered Agent

09/13/2014

Date

If signing on behalf of an entity:

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 (03/12)