

PU6000074404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

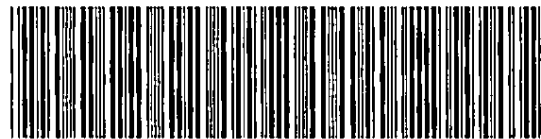
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HELEN'S NEW CREATIONS INC
(Name of Corporation)

DOCUMENT NUMBER: P06000074404

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOLENE SPITZER
(Name of Person)

HELEN'S NEW CREATIONS INC
(Name of Firm/Company)

1215 ILLINOIS AVE
(Address)

ST CLOUD FL 34722 34769
(City/State and Zip Code)

For further information concerning this matter, please call:

x JOLENE SPITZER at (407) 891-2004
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
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: HELEN'S NEW CREATIONS
2. The principal office address: 1215 ILLINOIS AVE
ST. CLOUD FL 34769
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/30/2006 document number: P06000074404
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)

JOLENE SPITZER
1215 ILLINOIS AVE
ST. CLOUD FL 34769

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

Patricia S. Murphy
1215 ILLINOIS AVE
ST. CLOUD FL 34769

P.O. Box NOT acceptable

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.

JOLENE SPITZER
Signature of an officer or director

JOLENE SPITZER
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.

Patricia S. Murphy
Signature of Registered Agent

SEPT 21, 2017
Date

If signing on behalf of an entity:

Patricia S. Murphy
Typed or Printed Name

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