## POUDO0147350

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RA/ROCHS
(10)13/08

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Home With Help of Florida, Inc (Name of Corporation)			
DOCUMENT NUMBER: P06000147350			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
lease return all correspondence concerning this matter to the following:			
Luis Paz			
(Name of Contact Person)			
Home with Help of Florida, Inc.			
(Firm/Company)			
12425 Equine Lane			
(Address)			
Wellington, FL 33414			
(City/State and Zip Code)			
or further information concerning this matter, please call:			
•			
Luis Paz at ( 954 ) 701-0176 (Name of Contact Person) (Area Code & Daytime Telephone Number			
(Name of Contact Person) (Area Code & Daytime Telephone Number			
Inclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a co	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this prporation organized under the laws of the State of Florida
in order to change its registered	l office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Home	with Help of Florida, Inc
2. The principal office address: 200 Kr	outh Road, Boynton Beach, FL 33436
3. The mailing address (if different): 124	425 Equine Lane, Wellinton, FL 33414
4. Date of incorporation/qualification: <u>F</u>	ebruary 12, 2007 Document number: P06000147350
5. The name and street address of the cur Florida Department of State: (If resign	rent registered agent and registered office on file with the ed, enter resigned)
Michele Farkas	NISE
3311 N. 41 Court	BOC OFFICE
Hollywood, FL 330	21
	2 Q
6. The name and street address of the new (if changed):	w registered agent (if changed) and /or registered office
Luis Paz	
12425 Equine Land	e
	Box NOT acceptable)
Wellington, FL 334	
<del>-</del>	ce and the street address of the business office of its registered agent,
Such change was authorized by resolut authorized by the board, or the corpora	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
(Signature of an officer or director)	Luis Paz (Printed or typed name and title)
I hereby accept the appointment as reg I further agree to comply with the prov of my duties, and I am familiar with an document is being filed merely to reflec corporation has been notified in writing	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete performance d accept the obligation of my position as registered agent. Or, if this ct a change in the registered office address, I hereby confirm that the g of this change.
V PC2	October 2, 2008
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
X 102	<del></del>
(Typed or Printed Name)	

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