

PD70000115372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

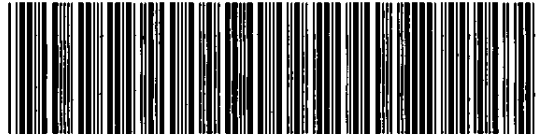
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HELP AT HOME INC
Name of Corporation

DOCUMENT NUMBER: P07000115372

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:

BONNIE CRAWFORD
Name of Contact Person

HELP AT HOME INC
Firm/Company

13542 N. FLORIDA AVE STE 208
Address

TAMPA FL 33613
City/State and Zip Code

HELPAATHOME@YMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie Crawford at (813) 931-8335
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2009

BONNIE CRAWFORD
HELP AT HOME INC.
13542 N FLORIDA AVE - SR. 208
TAMPA, FL 33613

SUBJECT: HELP AT HOME INC.
Ref. Number: P07000115372

We have received your document for HELP AT HOME INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 409A00034183

REC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 AT HOME INC
2. The principal office address: 13542 N. FLORIDA AVE, SUITE 208
TAMPA FL 33613
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10-19-2007 Document number: P07000115372
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)

BONNIE CRAWFORD
10549 N. FLORIDA AVE SUITE H
TAMPA FL 33612

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

BONNIE CRAWFORD
13542 N. FLORIDA AVE SUITE 208
TAMPA FL 33613

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.

Bonnie Crawford
Signature of an officer or director

BONNIE CRAWFORD
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.

Bonnie Crawford
Signature of Registered Agent

10-21-09
Date

If signing on behalf of an entity:

BONNIE CRAWFORD
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 (8/05)

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