

P13000045895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

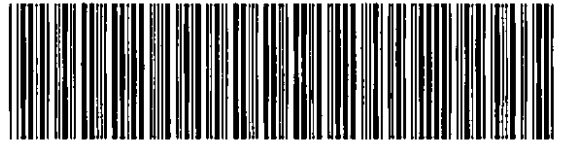
(Business Entity Name)

(Document Number)

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C. SIMMONS

JAN 16 2015

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Helping Hands Advocacy  
Name of Corporation

DOCUMENT NUMBER: P13000045875

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:

Anthony Materia  
Name of Contact Person

Helping Hands Advocacy  
Firm/Company

1001 W. Cypress Creek Rd.  
Suite # 310 Address

Fl. Lauderdale, FL 33309  
City/State and Zip Code

Anthony@keyinsuranceadvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enica Fixer at (954) 635-8845  
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

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: Helping Hands Advocacy  
2. The principal office address: 6503 N. Military Trail APT 2100  
BOCA RATON, FL, 33496  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/23/2013 Document number: P13000045895

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)

Anthony Matera  
~~XXXXXXXXXX~~ 6503 N. Military Rd  
APT 2100  
BOCA RATON, FL, 33496

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

1001 W. Cypress Creek Rd.  
Suite 310 Ft. Lauderdale FL 33309  
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, for the corporation has been notified in writing of the change.

[Signature]

Signature of an officer or director

Anthony Matera President

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]

Signature of Registered Agent

114119

Date

If signing on behalf of an entity:

Anthony Matera

Typed or Printed Name

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