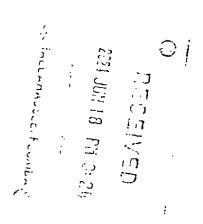
P21000020502

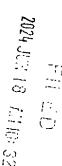
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE JUN 19 2024					

Office Use Only



300430639393







To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscqlobal.com

Ext:

Date: 06/18/24 Order #: 1538577-2

Re: Helping Hands Search, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of \$35.00 - FL State Account Number: I20000000195 AUTH

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	provisions of sections 607.0502, 6 ange is submitted for a corporation er to change its registered office or	organized under the law	s of the State of _	FL
1. The name of	the corporation: HELPING HANDS	S SEARCH, INC.		
	office address: 2910 UNIVERSITY		L 34243	
				
3. The mailing a	address (if different):		·	
4. Date of incor	poration/qualification: 02/25/202	Document n	umber: P21000	020502
	d street address of the current registrement of State: (If resigned, enter r		d office on file wi	th the
	SAVARY, JOHNSON S, JR.			
	2910 UNIVERSITY PKWY			•
	SARASOTA	FL	34243	•
6. The name and (if changed):	d street address of the new registers Corporation Service Company	ed agent (if changed) and	/or registered off	ice
	1201 Hays Street	· ·		2024
	P.O. Box NOT acceptable			
	Tallahassee	FL	32301	2024 JUN 18
The street addre	ess of its registered office and the be identical.	street address of the bus	iness office of its	· · ·
Such change wa authorized by th	as authorized by resolution duly are board, or the corporation has be	dopted by its board of di een notified in writing of	rectors or by an of the change.	officer so ట్ర
/s/ Andrew Ra	ankin	Andrew Rankin		Secretary
I hereby accept I further agree t of my duties, an document is bei- corporation has	te of an officer or director the appointment as registered age to comply with the provisions of a d I am familiar with and accept the thing filed merely to reflect a change to been notified in writing of this ch to Service Company	ent and agree to act in the ll statutes relative to the ne obligation of my posit e in the registered office	d or typed name and tall his capacity, proper and com- tion as registered address. I hereby	
By: T)	nature of Registered Agent	06/17/2024	Date	
If signing on bel	half of an entity:			
	Asst. Vice President			
13		G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)