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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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REGISTERED AGENT CHANGE WORLD HELP, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: WORLD HELP, INC. Name of Corporation								
DOCUMENT NUMBER: P40881								
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:								
JEROME								
Name of Contact Person								
Firm/Company								
784 S. CLEARWATER LOOP								
Address								
POST FALLS, ID 83854								
City/State and Zip Code								
filings@northwestregistereda	ngent.com							
E-mail address: (to be used for future annual	report notification)							
For further information concerning this matter, pl	ease call:							
JEROME	at (509) 768-2249							
Name of Contact Person	at (509) 768-2249 Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the E	Department of State.							
Mailing Address: Amendment Section	Street Address:							
Amendment Section Division of Corporations	Amendment Section Division of Corporations							
P.O. Box 6327	The Centre of Tallahassee							
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of char	nge is submitted for a c	corporation organiz	607.1508, or 617.1508, Florida S. ed under the laws of the State of _ ed agent, or both, in the State of Fl	VIRGINIA
1. The name of the	w.	ORLD HELP, INC.	,	
	1110	CORPORATE PAR	RK DRIVE	
2. The principal of	office address:	EST, VA 24551		
3. The mailing ac	ddress (if different): P.	.O. BOX 501, FORE	ST, VA 25441	
4. Date of incorp	oration/qualification; _	03/06/1992	Document number: P40881	
	street address of the cu ment of State: (If resig		ent and registered office on file wit)	h the
	INCORP SERVICES	S, INC.		
	1201 HAYES ST SU	JITE 105		2021 SEC TA
	TALLAHASSEE, F	FL 32301		1022 FEB 28 SECKETAR TALLAHA
6. The name and (if changed):	street address of the ne	EB 28 PM 2 CLAHASSEE.		
	NORTHEWEST R	EGISTERED AGEN	IT, LLC	2: 3 STA FIL
	7901 4TH ST. N ST	TE 300		, 111
		P.O. Box 2	NOT acceptable	
	ST. PETERSBURG			
The street addre as changed will	ss of its registered offi be identical.	ice and the street ac	Idress of the business office of its	registered agent,
Such change wa authorized by th	s authorized by resolu e board, or the corpora	ition duly adopted bation has been notif	by its board of directors or by an officed in writing of the change.	officer so
Mael	Yeatta		Noel Yeatts / President	
Signatur	e of an officer or director		Printed or typed name and till	ē
I hereby accept to I further agree to finy duties, and document is being corporation has	the appointment as reg o comply with the pro d I am familiar with a ng filed merely to refle been notified in writi	gistered agent and visions of all statut nd accept the oblig ect a change in the l ng of this change.	agree to act in this capacity. es relative to the proper and com ation of my position as registered registered office address, I hereby	plete performance agent. Or, if this y confirm that the
Ton	CILMUS		02/25/2022	
Sign	ature of Registered Agent		Date	
If signing on bel	nalf of an entity:			
Tom Glover /	Manager			
Tv	ped or Printed Name			

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