

P94000079632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

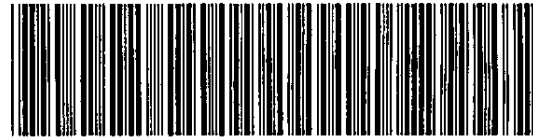
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2017 DEC 14 AM 10:23  
SEC. OF STATE  
ATLANTA, GA  
FLORIDA

C. GOLDEN

DEC 15 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Helms Food Service, Inc  
Name of Corporation

DOCUMENT NUMBER: P94000079632

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:

Lawrence Helms  
Name of Contact Person

Helms Food Service, Inc  
Firm/Company

PO Box 2375  
Address

Lake City, FL 32056  
City/State and Zip Code

lhelms@isgroup.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Helms at ( 386 ) 365-3995  
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

November 29, 2017

LAWRENCE HELMS  
POST OFFICE BOX 2375  
LAKE CITY, FL 32056

SUBJECT: HELMS FOOD SERVICE, INC.  
Ref. Number: P94000079632

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 617A00024092

RECEIVED  
17 DEC 14 PM 4:26  
DIVISION OF CORPORATIONS  
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: Helms Foodservice, Inc
2. The principal office address: 253 NW Knights Ave, Lake City, FL 32055
3. The mailing address (if different): PO Box 2375, Lake City, FL 32056
4. Date of incorporation/qualification: 10/24/1994 Document number: P940000 79632
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)

John E Norris (deceased)  
253 NW Main Blvd  
LAKE CITY, FL 32055

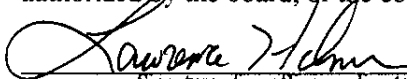
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NORRIS & NORRIS, PA  
253 NW Main Blvd  
LAKE CITY, FL 32055

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.

  
Signature of an officer or director

LAWRENCE Helms, 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 of Registered Agent

11/20/2017  
Date

If signing on behalf of an entity:

Guy W NORRIS  
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