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(Requestor's Name)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

Registration Section Division of Corporations

· TO:

Mark E. Hipp, LLC						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
Mark E. Hipp						
Name of Person						
Mark E. Hipp, LLC						
Firm/Company	 -					
3028 Sky Blue Cove						
Address						
Bradenton, FL 34211						
City/State and Zip Code						
mark@hippllc.com						
E-mail address: (to be used for future annual r	eport notification)					
For further information concerning this matter, plea	ise call:					
Mark E. Hipp	803 622-8493					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amo	ount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Mark E. Hipp	, LLC			
2. (a)	3028 Sky Blue Cove	ı1	(b) 3028 Sky Blue Cove		
` '	Principal office address of limited liability company:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	(<u>Note: MUST BE STREET ADDRESS</u>) Bradenton, FL 34211		Bradento	on, FL 34211	
	Diademon, 12 04211	<u> </u>	Diadeille	JI, 1 L 34211	
	09/05/2012		L1200011	13802	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Mark E. Hipp				
(-,	Registered Agent and Registered Office shown on the records of 9722 Bosque Creek Cir., Apt. #204	the Florid	a Dept, of State	#	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u> </u>		
	Tampa	33619			
(b)	Mark E. Hipp			SEI TALI	
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	dress:	SECRETAIN AHASS	
				SSE SSE	
	NEW Registered Office Address:			Te	
	3028 Sky Blue Cove				
	Dendarda	04044			
	Bradenton Fi	34211		- بــــــــــــــــــــــــــــــــــــ	
the cha agent v was/wo	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members are or organization or the operating agreement of the	f the regi iability co of the line limited	stered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signa	fure of a member of authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere notifies	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete igations of my position as registered agent as provide ty reflectia change in the registered office address. It is a first transpose that the state of the st	: perform ed för in	ance of my e Chapter 605	duties, and I am familiar with and accept F.S. Or, if this document is being filed	
Signatu	re of Registered Agen				

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, F1, 32314 F1LING FEE: \$25.00