## L17000202315

(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:				

Office Use Only



800328050638

04/22/19--01033--008 ++25.00

SECHEIMET OF STATE TALL AHASSEE, FLORIDA

19 APR 22 PH 4: 25

HAY 01 2019 T SCHROEDER

COVER LETTER				
TO: Registration Section Division of Corporations	,			
SUBJECT: HYPO/ite FIT COM Name of Limit	SUHING LLC ed Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Vevor Hypolite Name of Person				
Hypolite Fit Consulting LLC Firm/Company				
11025 Bagley Aly WinderMare Address				
Windermane F1 34786 City/State and Zip Code	<del></del>			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Trevor Hypolite at 41	)7 ) 690 - 8498 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
₩\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

## 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.	Name of the limited liability company: Hypolite	: FIT consulting LLC	
	)	(b)	
2. (	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	11025 Bagley Aly	11025 Bagley Aly	
	Windermore Fl 34786	windermere Fl 34786	
	4/9/19	L17000202315	
3.	Date of filing/registration in Florida	4. Document number	
5. (	1) Trewr Hypolite		
	Registered Agent and Registered Office shown on the records of the		
	Designation of the Address of MUCT BE ELOBID A STREET A	ADDRESS	
	Registered Office Address (MUST BE FLORIDA STREET A.	SE N	
	8832 Danforth Dr. Windermere ,FL	₹47.84° = 0	
	windermere ,FL	34786 E. FLORIDE	
(1)	Enter name of NEW Registered Agent and/or NEW Registered (		
	NEW Registered Office Address:		
	11025 Bagley Aly	<del> </del>	
	WinderMere ,FL	34786	
the cagen was/the a	hange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the limited lial mature of a member or authorized representative of a member	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the register ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  The vortice of the limited liability company or as otherwise provided in limited liability company.  Printedor typed name of signee tree to act in this capacity. I further agree to comply with the	1
prov the o to me notif	sions of all statutes relative to the proper and complete phligations of my position as registered agent as provided crely reflect a change in the registered office address, I have a more than the control of the change.  Lune of Registered Agont	performance of my duties, and I am familiar with and according to the second second for in Chapter 605, F.S. Or, if this document is being fill thereby confirm that the limited liability company has been	ept ed