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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

Division of Corporations	
SUBJECT: HitMyServer LLC	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Jeffrey Kreitner Jr	
Name of Po	erson
HitMyServer LLC	
Firm/Comp	pany
4282 Starling Pl	
Address	
Mims, FL 32754	
City/State and	Zip Code
jeff@hitmyserver.com	
E-mail address: (to be used fo	r future annual report notification)
For further information concerning	this matter, please call:
Jeffrey Kreitner	at (269) 861-4549
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for th	e following amount:
\$25 Filing Fee	S55 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. N	ame of the limited liability company: HitMyServer L	LC	
2. (a)	4282 Starling Pl	(b)	4282 Starling PI
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(9)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Mims FL 32754	_	Mims FL 32754
	9/27/2018	I	L18000229716
3.	Date of filing/registration in Florida	4.	Document number
5. (a	NORTHWEST REGISTERED AGENT LLC.		
(4	Registered Agent and Registered Office shown on the records of the 7901 4TH STREET N,	ne Florida l	Dept. of State:
	Registered Office Address	DDRESS)	
	SUITE 300		17.7
	ST.PETERSBURG , FL	33702	2024 SEP 13
(b)	Registered Agents Inc		ASSE
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:
	7901 4th St N		MALLAHASSEE, FLORIDA
	NEW Registered Office Address:		P
	STE 300		
	St. Petersburg, FL_	33702	
he ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liability.	the regist bility cor f the limi limited li	tered office and the business office of the registere mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent