1190000 68003

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)	,			
(Document Number)				
Certified Copies Certificates of Sta	atus			
Special Instructions to Filing Officer:				

Office Use Only



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2020 Stat 16 PH 2: 45

RARDICHS

APR 2 () 2020 I ALBRITTON

COVER LETTER

Division of Corporations	
SUBJECT: HOP to It, LLC Name of Limited L	iability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the	following:
Lacy Capote Name of Person	·
Hop to It LLC Firm/Company	<u> </u>
1957 Catline Circle Address	
Navarre FL 32566 City/State and Zip Code	
hoptoit 32563@amail.com E-mail address: (to be used for furure annual report notif	<u>1</u> lication)
For further information concerning this matter, please call:	
Lacy Capote at (850) Name of Person) .598-3011 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	55 Filing Fee & Certified Copy

INHS18 (2/14)



April 7, 2020

LACY CAPOTE 1957 CATLINE CIRCLE NAVARRE, FL 32566

SUBJECT: HOP TO IT LLC Ref. Number: L19000068003

We have received your document for HOP TO IT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Letter Number: 520A00007454

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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	me of the limited liability company:	top to It	, LLC			
	Principal office address of limited liability (Note: MUST BE STREET ADDR	ss of limited liabil	Hine Circle of limited liability company: BE POST OFFICE BOX)			
	Navarre, FL 325	900	Navarre	e, FL	32	<u> 2902.</u>
	3/11/2019		L19000	006800	3	
3.	Date of filing/registration in Flor	rida 4.	Document	number		
5. (a)	United States Co Registered Agent and Registered Office shown on	v Poration the records of the Florida D	Agents, IN	C .		
	SSTS S. Sexpocan Registered Office Address (MUST BE FLORE)		te 36	27	2020 APR	7/1
	Orlando	.FL <u>32</u> 8	322	.:	9)	
(b)	Lacy Capote Enter name of NEW Registered Agent and/or NE	W Registered Office addr	ress:	<u>-</u> =	PH 2: 45	
	1957 Cattine Circ	le		`.	O,	
	Navarre	, Fl. 325	(ola			
change agent w was/we the artic	mited liability company is not organized or changes are made, the Florida street actilities identical. Or, in the case of a Florice authorized by an affirmative vote of the operating agrees	Idress of the registered da limited liability com e members of the limite ment of the limited lia	office and the busine pany, it is hereby cored liability company bility company.	ess office of the nfirmed that the	e regist e chang e provid	ered ge(s)
Signati	we of member or authorized representative of a r	nember	Printed or ty	ped name of signe	re .	
provision the oblicito mere	y accept the appointment as registered agons of all statutes relative to the proper agations of my position as registered agen by reflect a change in the registered office in writing of this change.	gent and agree to act in nd complete performan t as provided for in Ch e address, I hereby con	t this capacity. I furt ce of my duties, and i apter 605, F.S. Or, i firm that the limited l	her agree to co I am familiar w f this document liability compa	omply w vith and t is bein ny has	vith the l accept ng filed been
Signatur	of Registered Agent					