L21000460410

(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:						





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07/31/23--01019--006 **25.00







COVER LETTER

TO: Registration Section Division of Corporations								
CAPTAINS FOR HIRE, LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this	matter to the following:							
Christopher Witt								
Name of Person								
Capotains For Hire, L	LC							
Firm/Company								
821 Seddon Cove Way								
Address								
Tampa, FL 33602								
City/State and Zip Code								
chrisfwitt@yahoo.com								
E-mail address: (to be used for future annua	al report notification)							
For further information concerning this matter, p	lease call:							
Chris witt	813 777-0746 at ()							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address:	Street Address:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
P.O. Box 6327	The Centre of Tallahassee							
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following a	mount:							
■ \$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. N	ame of the limited liability company:	HIKE, L	<u></u>				
2. (a)		(b) 821 Seddon Cove					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ŋ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Tampa, FL 33602		Tampa, FL				
	3/7/2022	_	L210004604	10			
3. 5. (a)	Date of filing/registration in Florida Christopher Witt	4.		Document nu	mber		
J. (L)	Registered Agent and Registered Office shown on the records of 805 E. Bloomingdale Ave	the Florida	Dept. of State	;			
	Registered Office Address (MUST BE FLORIDA STREET A Suite 690						
	Brandon, FL	33511			<u> </u>	2023	
(b)	Christopher Witt				AH 25 /	2023 JUL 3 I	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:						1-
	821 Seddon Cove Way				All AHASGILOTE	4H 7:	
	NEW Registered Office Address:					(1)	
	Tampa, FL	33602					
agent v	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered bility confither the limited li	npany, it is ted liability	the business hereby confir	office of med tha	f the reg	gistered
Signa	Signature of a member or authorized representative of a member			Printed or typed name of signee			
he obl o mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act i performa for in C ereby co	n thin annu.	nie. I C. al.			ly with the and accept being filed as been
Signatu	re of Registered Agent						