## 12200075725

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

TO:	Registration Section Division of Corporations						
SUBJE	Hope Inspires People, LLC						
	Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Of	Tice Change and fe	e(s) are submitted for filing.				
Please	return all correspondence concerning t	his matter to the fo	llowing:				
Lynna J	anell Walko						
	Name of Person	— <del>—————</del>	-				
Individu	nal						
	Firm/Company	·	-				
274 SW	Cocoloba Way						
	Address		<del></del>				
Stuart, I	FL 34997						
	City/State and Zip Code		-				
anthony	@hipapparelcompany.com						
Ē	-mail address: (to be used for future an	nual report notifica	ntion)				
For fur	ther information concerning this matte	r, please call:					
Lynna J	anell Walko	813 at (	784-8876				
	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 followin	g amount:					
	☐ \$25 Filing Fee	<b>\$</b> 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: Hope Inspires Per	ople. L	LC —	<del></del>		
2. (a)	Garry M Glickman		(b	Garry M G	Blickman	
~· (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		,,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1601 Forum Place, Suite 1101			1601 Forur	n Płace, Suite 1101	
	West Palm Beach, FL 33401	<del></del>	West Palm		Beach, FL 33401	
	06/08/2022			L220002572	75	
3.	Date of filing/registration in Florida	4.	•		Document number	
5. (a)	Garry M Glickman					
<i></i> (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
	1601 Forum Place, Suite 1101					
	West Palm Beach	33401	3401			
	, 11	·			-	
(b)	Lynna Janell Walko				_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>					
	NEW Registered Office Address:			<del></del>	-	
	274 SW Cocoloba Way					
		<u>.</u>		, <u>.</u>	-	
	Stuart	34997	,			
change agent was/w the art  Signa  I here provis the obto mer notifie	timited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ligere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the mare of a member of accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete digations of my position as registered agent as provide ely reflect a change in the registered office address. It is a facility with the office address of this change.	regist ability of the l limite	ere con imi d li	d office and impany, it is ited liability ability com  An this cana	the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.  Frinted or typed name of signee  activ. I further agree to comply with the	