

L23066346260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

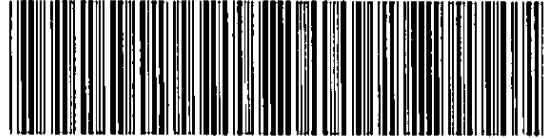
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700417973697

FILED

2024 OCT 14 PM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 OCT 14 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FL

AB



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext: x62969  
Date: 10/11/24  
Order #: 1641157-1  
Re: Hop Insurance Services LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the "TO WHOM IT MAY CONCERN:" line.

Enclosed please find:

Change of Registered Agent and Office  
Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis  
Issue proof of filing  
Return evidence to the following:  
ATTN: Amanda Miller  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: HOP INSURANCE SERVICES LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

9907 8th Street 443

Gotha, FL 34734

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

9907 8th Street 443

Gotha, FL 34734

07/21/2023

L23000346260

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

TABACON TRAVEL ASSIST, LLC

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

9907 8th Street 443

Gotha, FL 34734

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Matthew Grossberg

Signature of a member or authorized representative of a member

Matthew Grossberg, Authorized Person

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.*

Grace E. Kirby  
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**