## L24000382434

(Requestor's Name)				
(Address)				
(Address)				
(City/S	tate/Zip/Phone #)			
PICK-UP	WAIT	MAiL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
6				

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		•
Hop to It! Mobile Fitness, LLC	;	
SUBJECT: Hop to it! Mobile Fitness, LLC	Name of Limited L	liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the	following:
Serra R. Abel		
Name of Person		
Hop to It! Mobile Fitness, LLC		
Firm/Company		<del></del>
550 Mary Esther Cutoff #18, PMB 251		
Address		_
Fort Walton Beach, FL 32548		
City/State and Zip C	ode	
serra.abel@hop2it-sra.com		
E-mail address: (to be used for future	re annual report notif	lication)
For further information concerning this tr	natter, please call:	
Serra R. Abel	850 at (	428-0884
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 follo	owing amount:	
\$25 Filing Fee	□ \$55 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	lame of the limited liability company: Hop to It! Mot	bile Fitness	s, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)
	550 Mary Esther Cutoff #18, PMB 251		550 Mary Esther Cutoff #18, PMB 251
	Fort Walton Beach, FL 32548		Fort Walton Beach, FL 32548
	August 30, 2024		L24000382434
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Serra R. Abel		
5. (u	Registered Agent and Registered Office shown on the records	s of the Flor	rida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>SSS)</u>
	550 Mary Esther Cutoff PMB 251		
	Fort Walton Beach	FL 32548	2024 SEP 16 PH 2: 52 TALLAHASSEE, FLORIDA
			SEP
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office	address:
			FLC 2:
	NEW Registered Office Address:		752 PRICE
	550 Mary Esther Cutoff #18, PMB 251		
	Fort Walton Beach	, FL <sup>32548</sup>	
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited	laws of the registed liability	he State of Florida, it is hereby confirmed that after the cred office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in
_	nature of a member or authorized representative of a member		Printed or typed name of signee
I herovis the ol to me notifi	ed in writing of this change.	agree to a lete perfor vided for in s, I hereby	act in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accep in Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signal	tute of Registered Agent		