

299000008824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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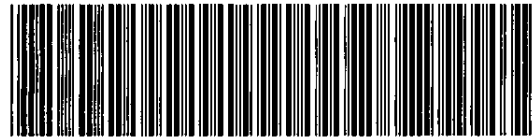
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JUL - 8 2011

**EXAMINER**

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2011 JUL -7 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hopewell Activities LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gloria J. Kelsey

Name of Person

Firm/Company

8225 Shadow Pine Way

Address

Sarasota, FL 34238

City/State and Zip Code

glohope1@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria J. Kelsey

Name of Person

at ( 941 )

921-3857

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2011 JUL -7 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: Hopewell Activities LLC

2. (a) Principal office address of limited liability company: 8225 Shadow Pine Way

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

Sarasota, FL 34238

(b) Mailing address of limited liability company: 8225 Shadow Pine Way

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

Sarasota, FL 34238

12/15/1999

3. Date of filing/registration in Florida

L99000008824

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

Joseph E. Hopewell

Registered Office Address:

2905 Satsuma Dr.  
Sarasota, FL 34239

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

**NEW** Registered Agent:

Gloria J. Kelsey

**NEW** Registered Office Address:

8225 Shadow Pine Way

**(MUST BE FLORIDA STREET ADDRESS)**

Sarasota, FL 34238

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.

Gloria J. Kelsey  
Signature of a member or authorized representative of a member

Gloria J. Kelsey

Printed or typed name of signer

*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 608, 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.*

Gloria J. Kelsey  
Signature of Registered Agent

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

FILING FEE: \$25.00