

PI5000000079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

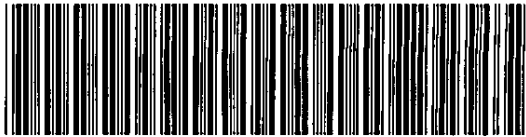
(Business Entity Name)

(Document Number)

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RA address change

09/02/15--01005 -010 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP -2 PM 4:02

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SEP 04 2015  
A RAMSEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hypolita Co.

Name of Corporation

**DOCUMENT NUMBER:** P15000000079

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Morgan H. Lampp

Name of Contact Person

Hypolita Co.

Firm/Company

10929 NW 11th Ave

Address

Gainesville, FL 32606

City/State and Zip Code

morgan@hypolita.com

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

For further information concerning this matter, please call:

Morgan Lampp

Name of Contact Person

at ( 850 ) 464-0825

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hypolita Co.

2. The principal office address: 10929 NW 11th Ave Gainesville, FL 32606

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/01/2015 Document number: P15000000079

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Morgan H. Lampp

5745 SW 75th Street # 294

Gainesville, FL 32608

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Morgan H. Lampp

10929 NW 11th Ave

P.O. Box NOT acceptable

Gainesville, FL 32606

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Morgan H. Lampp  
Signature of an officer or director

Morgan H. Lampp  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Morgan H. Lampp  
Signature of Registered Agent

08/13/2015  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*