

P191000 040 265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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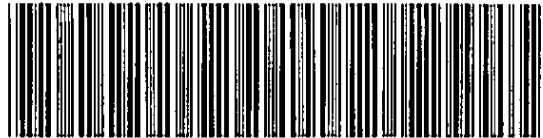
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HDI Fitness Inc
Name of Corporation

DOCUMENT NUMBER: P19000040265

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:

Stephen Simone CPA
Name of Contact Person
Stephen Simone PA
Firm/Company
6439 Central Avenue
Address
St Petersburg, FL 33710-8411
City/State and Zip Code
Christopher.Herrmann@9round.com

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

For further information concerning this matter, please call:

Stephen Simone CPA at (727) 341-0272
Name of Contact Person 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

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: HDI Fitness Inc
2. The principal office address: 721 Seagate Drive
Tampa, FL 33602-5789
3. The mailing address (if different): Same
4. Date of incorporation/qualification: May 07, 2019 Document number: P19000040265
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)

Walter S Sanders

16528 North Dale Mabry Highway

Tampa, Fl. 33618

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

Stephen Simone CPA

6439 Central Avenue

P.O. Box NOT acceptable

St Petersburg, FL 33710-8411

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.

Signature of an officer or director

Christopher J Herrmann

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.

Steph Simone CPA
Signature of Registered Agent

November 20, 2019

Date _____

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)