0056145 RICHARD S. RACHLIN, P.A. SUITE 400 712 U.S. HIGHWAY ONE NORTH PALM BEACH, FLORIDA 33408 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Mail out ☐ Will wait Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director 000002299370---09/22/97--01080--015 Limited Liability Change of Registered Agent *****35.00 *****35.00 **Domestication** Dissolution/Withdrawal 1 2000 97 0 3000 0 97 Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(1/95)

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Date filed	

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.
1. The name of the corporation is HIPYUP ENTERPRISES, INC.
2. The name and address of its present registered agent is Joseph Visconti 525 S. Flagler Drive, Suite 400 West Palm Beach, FL 33401
3. The <u>name and street address</u> to which its registered agent is to be changed is:
Gerald J. Visconti
330 Clematis Street, #102
West Palm Beach, FL 33401
4. The address of its registered office and the address of the business office of its registered agent as changed, will be identical. 5. Such change was authorized by resolution duly adopted by its board of directors. Dated
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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATION OF SECTION 607.325, FLORIDA STATUTES.
PLEASE PRINT/TYPE NAME GERALD J. VISCONTI
SIGNATURE (Registered Agent)
DATE8-27-97