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Division of Corporations

Fax Number

15129570210

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE VANTAGE POINT CONSULTING INC

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COVER LETTER

TO: Amendment Section Division of Corporations

15129570210

_{suвject:} Vantage Point Con	isulting inc
Name of Corporation	
DOCUMENT NUMBER: F2100000)381
The enclosed Statement of Change of Registered O	office/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	······································
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	ase call:
Mary Castillo	at (888 705-7274 Area Code & Daytime Telephone Number
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

⊙ 07/22/2021 12:09 PM

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

→ 18506176380

statement of ch	e provisions of sections 607.0502, 61 uange is submitted for a corporation ler to change its registered office or	organized under the la	ws of the State of <u>F</u>	Pennsylvania
	the corporation: Vantage Point		•	
	al office address: 8 SILK MILK D			
		KIVE SOITE 200	······	
	/, PA 18428			
	address (if different):	4	E21000	000291
4. Date of inco	rporation/qualification: 1/20/202	1 Document	number: F21000	
	nd street address of the current regist artment of State: (If resigned, enter r		ed office on file wit	h the
	CT CORPORATION	SYSTEM		
	1200 SOUTH PINE ISLAN	D ROAD		
	PLANTATION,	FL	33324	FALLAHAS
6. The name ar (if changed):	nd street address of the new registere : Registered Agent Sol		d /or registered offi	ce SEC Fica 보다
	155 Office Plaza Dr.	Suite A		100 mg
		P.O. Box NOT acceptable	1	
	Tallahassee	FL 3230	<u> </u>	
The street add as changed wi	ress of its registered office and the libe identical.	street address of the bi	usiness office of its	registered agent,
Such change vauthorized by	vas authorized by resolution duly a the board, or the corporation has be	dopted by its board of een notified in writing	directors or by an o of the change.	officer so
s/ Adam &	Elkind	Adam Elkino	t e	President
I hereby accept I further agree of my duties, a document is bo	ture of an officer or director of the appointment as registered age e to comply with the provisions of a end I am familiar with and accept the eing filed merely to reflect a change as been notified in writing of this cl	ent and agree to act in ll statutes relative to the he obligation of my pos e in the registered offic	he proper and comp	olete performance
Hoe	benju H	07/22/202	1	
S	ignature of Registered Agent		Date	
If signing on b	ehalf of an entity:			
Mackenzie Har	t, Assistant Secretary			
	Typed or Printed Name			
	* * * FILIN	IG 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)