## 116000/04/87

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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RD Changl



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: February 13, 2020

Order#: 179770/005

Re: ON POINTE PERFORMANCE LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Logan Hall

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

20 FEB | 8 PH 5: no

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.	Na	me of the limited liability company: ON POINTE PE	RFORM	ANCE LLC		
2. (a	ι) .	712 TRADEWINDS DR	(b)	) PO BOX 4	<b>1</b> 114	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			ling address of limited liability company:  Note: MAY BE POST OFFICE BON)	
		BRANDON, FL 33511	<del>_</del>	BRANDON	, FL 33509	
		05/27/2016		L16000104	187	
3.		Date of filing/registration in Florida	4.	D	ocument number	
5. (	a)	BOATRIGHT, ARIANNA M				
J. (u)		Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:		
		712 TRADEWINDS DRIVE				
		Registered Office Address (MUST BE FLORIDA STREET A	2			
					J	
		BRANDON, FI.	33511		SECRETION IN PROPERTY OF EB	
( <del>1</del>	)				<u> </u>	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
		1201 Hays Street			TS: OR	
		NEW Registered Office Address:			90 (10 m)	
		Tallahassee	32301			
the cagen was/	ha it w we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim	stered office a ompany, it is h lited liability o	nd the business office of the registered tereby confirmed that the change(s) company or as otherwise provided in	
		/s/ Arianna Boatright	Aria	nna Boatright,	, Manager	
Signature of a member or authorized representative of a member				Printed or typed name of signee		
prov the o to m	isi bl ere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change	nerform	ance of my du	ties, and I am familiar with and accent	
Sign	atu	re of Registered Agent Corporation Service Company	BY: G	race E. Kirby	y, Asst. Vice President	

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00