

3/22/2018

Division of Corporations

M1500004410

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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ONPOINT CAPITAL PARTNERS LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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MAR 23 2018
J. HARRIS

FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2018-03-22 14:14:23 CST
RE	ONPOINT CAPITAL PARTNERS LLC

COVER MESSAGE

Thank You,

Nicole Diffenbaugh
Fulfillment Specialist
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1209 N Orange Street
Wilmington, DE 19801
www.wolterskluwer.com

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Onpoint Capital Partners LLC

SECOND: The Florida Document number of the limited liability company is: M15000004410

THIRD: Document to be corrected is: 2017 Foreign Limited Liability Company Reinstatement

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

EIN written down incorrectly as 47-1472409.

The correct EIN is 47-4172409

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Dede Loftus

Signature of Authorized Representative

3/22/18
Date

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TALLAHASSEE FLORIDA

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: \$25.00
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