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Division of Corporations

A1700000228

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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**REGISTERED AGENT CHANGE
AIMPOINT DIGITAL, LP**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY

JAN 29 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aimpoint Digital, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17000000228

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joanna Fernandez

Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy Suite 500S

Address

Las Vegas, NV 89169-6014

City, State and Zip Code

Documents@incorp.com

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

For further information concerning this matter, please call:

Joanna Fernandez For InCorp Services, Inc. at (800) 246-2677
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Aimpoint Digital, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/12/2017 3. A17000000228
Date of filing/registration in Florida Florida document number

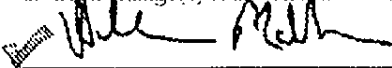
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State.

Incorp Services Inc
Name
3458 Lakeshore Dr
Address
Tallahassee, FL 32312
City, State and Zip

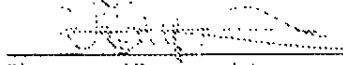
5. The name and Florida street address of the new registered agent and/or office

InCorp Services, Inc.
Name
3458 Lakeshore Drive
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32312
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.

 Louise Breytenbach on behalf of InCorp Services, Inc.
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FL
CLERK OF CIRCUIT COURT