A24643

(Reque	stor's Name)	
(Addres	ss)	
(Addres	55)	
(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	ne)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



300354769253

11/12/20--01015--005 ++35.00

2 2 43

RA/RO/Ch8

ALIARITTON!



CSC - WILMINGTON
251 Little Falls Drive
- Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: November 10, 2020

Order#: 502358-013

Re: SET POINT ASSOCIATES, L.P.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$\$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Matthew Ermak

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

OUCA.XCOA

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.

	Name of Limited Partnership or Lin	nited Liability Limited Partnership	
06/09/1987	•	3. A24643	
Date of filing/registration in Florida		Florida document number	
The name of spartment of S		office address as shown on the record	s of the Florida
	NRAI SERVICES, INC		
	Nar	ne	
	1200 South Pine Island Road	1	L.;
	Addi	ress	•
	Plantation, FL 33324		
	City, State	and Zip	, _
. The name and	d Florida street address of the new regi	stered agent and/or office:	-
	Corporation Service Company		Ľ.
	Name		5.
•	1201 Hays Street		
	Florida street address (P	O. Box not acceptable)	
	Tallahassee	FL_32301	
	City, State		
Such charge	s is/age effective when filed by the Fl	orida Department of State	
. Such emarger	s is all criced ve when fried by the Fr		Point, Inc., Gener
		on devian or se	ir odik, nic., odner
ignature of Gei			
omply with the	the appointment as registered agent at provisions of all statutes relative to th ir with an accept the obligations of my	nd agree to act in this capacity. I furti e proper and complete performance o position as registered agent.	her agree to f my duties,
	Yekishi.	Grace E. Kirby, Asst. Vice Pi	resident