F07000002834

(Requ	uestor's Name)		
(Addr	ess)		
(7.00)	223,		
(Addı	ess)		
(City/	State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
_			
(Busi	ness Entity Nan	ne)	
(Docu	ıment Number)	 	
Codified Conice	Codificates	and Charles	
Certified Copies Certificates of Status			
Special Instructions to Fi	lina Officer:		
,	3		





000455017310

07/29/25--01018--001 **35.00

205 J 29 PHI2: 3:

COVER LETTER

TO: Amendment Section Division of Corporations	ŕ	
SUBJECT: AMERICAN STRUCTUR Name of Corporation	REPOINT,INC.	
DOCUMENT NUMBER: F0700000283	4	
The enclosed Statement of Change of Regi	stered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
R REMP		
Name of Contact Person		
Harbor Compliance		
Firm/Company		
1830 Colonial Village Lane		
Address		
Lancaster, PA, 17601		
City/State and Zip Code		
	rborcompliance.com	
E-mail address: (to be used for future a	nnual report notification)	
For further information concerning this ma	atter, please call:	
R REMP	at (717)844-6897	
Name of Contact Person	at (717) 844-6897 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable t	to the Department of State.	
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Taliahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, t ange is submitted for a corporation organized under the laws of the State of Indiana ler to change its registered office or registered agent, or both, in the State of Florida.	this	
	the corporation: AMERICAN STRUCTUREPOINT, INC.		
	l office address: 9025 RIVER ROAD, SUITE 200		
INDIANAPOLI			
3. The mailing a	address (if different):		
4. Date of incorp	rporation/qualification: 05/30/2007 Document number: F07000002834		
	ad street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	COGENCY GLOBAL INC.		
	115 NORTH CALHOUN STREET, SUITE 4		
	7.25 (17.0022, 12.02001	63 53	
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office of the street address of the new registered agent (if changed) and /or registered office of the street address of the new registered agent (if changed) and /or registered office of the street address of the new registered agent (if changed) and /or registered office of the street address of the new registered agent (if changed) and /or registered office of the street address of the new registered agent (if changed) and /or registered office of the street address of the new registered agent (if changed) and /or registered office of the street address of the new registered agent (if changed) and /or registered of the street address of	PH 12: 32	
	Registered Agents Inc	32	
	7901 4th St N STE 300		
	P.O. Box NOT acceptable St. Petersburg FL 33702		
The street address changed will	ress of its registered office and the street address of the business office of its register Il be identical.	red ag	ent,
Such change wa authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	o	
_/s/Cass	th Canfield Cash E Canfield, President Printed or typed name and title		
I further agree of my duties, an document is bei	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pet nd I am familiar with and accept the obligation of my position as registered agent, sing filed merely to reflect a change in the registered office address, I hereby confirm ts been notified in writing of this change.	rform Or, ij m tha	ance this t the
Dund Rens	7/23/25		
Sig	gnature of Registered Agent Date		_
If signing on be	ehalf of an entity:		
David Robe	erts		
T	Typed or Printed Name		
	* * * FILING 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)