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(((H21000076077 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : I20150000127

Phone : (800)567-4397 Fax Number ; (800)567-4398

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: john.kemp@point-broadband.com

REGISTERED AGENT CHANGE ITC CAPITAL PAYROLL, INC.

Certificate of Status	0
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R. WHITE FEB 2 4 2021

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TO:

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: ITC CAPITAL PAYROLL, INC.	
DOC	UMENT NUMBER: F17000003757	
Thee	nclosed Statement of Change of Registe	red Office/Agent and fee are submitted for filing.
Pl case	e return all correspondence concerning ti	his matter to the following:
John I	Kemp	
Name	of Contact Person	
ITC C	CAPITAL PAYROLL, INC.	
Firm/	Сотралу	
1791	O.G. SKINNER DRIVE, SUITE A	
Addre	ess	
WE\$1	Γ POINT, GA 31833	
City/S	State and Zip Code	
	john,kemp@point-broadba	nd.com
E-ma	il address: (to be used for future annu	ual report notification)
For fi	urther information concerning this matter	r, please call;
Kathy	Clark	st (800 \ \ 567-4397
	Name of Contact Person	at (800) 567-4397 Area Code & Daytime Telephone Number
Enclo	ised is a \$35.00 check made payable to the	he Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Cornorations	Division of Cornomtions

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

(((H21000076077 3)))

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

		17.0502, 607.1508, or 617.1508, Florida Statu	tes, this
		norganized under the laws of the State of <u>DE</u> registered agent, or both, in the State of Floric	da
1. The name of	the corporation: TTC CAPITAL PA	YROLL, INC.	
2. The principal	office address: 1791 O.G. SKINNE	R DRIVE, SUITE A, WEST POINT, GA 31833	
			
4. Date of incor	poration/qualification: 08/21/2017	Document number: F1700000375	<u> </u>
	d street address of the current regis runent of State: (If resigned, enter t	tered agent and registered office on file with the resigned)	ne
	NRAI SERVICES, INC.		
	1200 SOUTH PINE ISLAND ROA	AD	
			•
6. The name an (if changed):	d street address of the new registers	ed agent (if changed) and /or registered office	,
,	URS AGENTS, LLC		;
	3458 Lakeshore Drive	P.O. Box NOT acceptable	\mathfrak{D}
	Tallahassee, FL 32312		
The street addr as changed wil	ess of its registered office and the I be identical.	street address of the business office of its rep	gistered agent,
Such change wathorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officen notified in writing of the change.	cer so
Jan	La Kanp	John Kemp Authorize	d Repr <u>es</u> entative
	ire of an officer or director	Printed or typed name and title	-
I nereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this c	tent and agree to act in this capacity. All statutes relative to the proper and complet The obligation of my position as registered ag the in the registered office address, I hereby co hange.	te performance ent, Or, if this onfirm that the
Faul	in lands	2/24/2021	
Si	gnaturo of Registered Agent	Date	
If signing on b	chail of an entity:		
Kathy Clark, As	sistant Secretary		
	Typed or Printed Name	-	
	* * * FILIN	NG 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)