F18000004620

(Requestor's Name)
(Address)
· · ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Mark 110 most)
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O SIMMONS

APR 2 9 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I	2000000195		
REFERENCE : 7	83617 7539619		
AUTHORIZATION :	All all		
COST LIMIT ://\$	Blensen 35.00		
ORDER DATE : April 27, 2021			
ORDER TIME : 10:02 AM			
ORDER NO. : 783617-010			
CUSTOMER NO: 7539619			
CHANGE OF AGENT			
NAME: SINGLE POINT GLOBA	L		
INCORPORATED			
PLEASE RETURN THE FOLLOWING AS PROO	F OF FILING:		
CERTIFIED COPY			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis Weiland			

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation or	1302, 607.1308, or 617.1308, Florida Statutes, this ganized under the laws of the State of istered agent, or both, in the State of Florida.	-
1. The name of t	he corporation: Single Point Global Ir	corporated	
2. The principal	office address; 21720 Red Rum Dr. S	uite 122, Ashburn VA 20147	_
3. The mailing a	ddress (if different):		_
4. Date of incorp	poration/qualification: 10/04/2018	Document number: F18000004620	
	street address of the current registere tment of State: (If resigned, enter resi	d agent and registered office on file with the gned)	
	REGISTERED AGENTS SOLUTION	NS, INC.	_
	155 OFFICE PLAZA DR STE A	, 02	
	TALLAHASSEE, FL 32301		: : : :
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office	28 13.5
	Corporation Service Company	٠,	(
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the stre	eet address of the business office of its registered agen	ıt,
Such change wa authorized by th	is authorized by resolution duly adop to board, or the corporation has been	need by its board of directors or by an officer so notified in writing of the change.	
X		Gregory J. Browning	
Signatul	e of an officer or director	Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is beit corporation has Corporation	i Service Company	and agree to act in this capacity. latutes relative to the proper and complete performan bligation of my position as registered agent. Or, if th the registered office address, I hereby confirm that th ge.	ce iis re
Ву:	Smarch & Holen	04/28/2021	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	nda Robinson, Assistant Vice Pre	sident	
**		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)