

• L05000092148

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

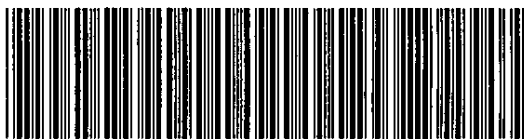
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800165695948

01/15/10--01010--014 \*\*25.00

**FILED**  
10 JAN 15 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

JAN 19 2010

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Peoplepoint Solutions LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Gil Bonwitt

Name of Person

Peoplepoint Solutions LLC

Firm/Company

100 S. Pine Island Road, Suite 200

Address

Plantation, FL 33324

City/State and Zip Code

gbonwitt@nhflorida.com

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

For further information concerning this matter, please call:

Michael Berger, Esq.

Name of Person

at ( 954 )

772-0127

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**FILED**  
10 JAN 15 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Peoplepoint Solutions LLC

2. (a) Principal office address of limited liability company: 7757 West Flagler Street

☒ (Note: **MUST BE STREET ADDRESS**) Suite 200  
Miami, FL 33144

(b) Mailing address of limited liability company: 100 S. Pine Island Road

☒ (Note: **MAY BE POST OFFICE BOX**) Suite 200  
Plantation, FL 33324

September 19, 2005 L05000092148  
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Gil Bonwitt

Registered Office Address: 7757 West Flagler Street  
Suite 200  
Miami, FL 33144

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:** Gil Bonwitt

**NEW Registered Office Address:** 100 S. Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 200  
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Gil Bonwitt  
Signature of a member or authorized representative of a member

Gil Bonwitt

Printed or typed name of signer

*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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Gil Bonwitt  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**