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OIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ON POINT ADV	isors, LL			
Nam	e of Limited Liabi	ility Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and fee	e(s) are submitted for filing.		
Please return all correspondence concerning thi	s matter to the fol	lowing:		
Alan Turhman Name of Person				
Du Point Advisor Firm/Company	us, LLC			
7686 NW 116 LAR				
Parkland Flosida City/State and Zip Code	33576			
E-mail address: (to be used for future annu	ual report notifica	tion)		
For further information concerning this matter,	please call:			
Alaw Tuchman	at (954	729-7916		
Name of Person	A	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAII	LING ADDRESS:		
Registration Section Registration Section				
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallal	hassee, Florida 32314		
Enclosed is a check for the following amount:				
\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18'(2/14)				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	ume of the limited liability company: ON Coint Acuisis	LLC	
2.	(a)	7686 NW 116 CARC (b)	7686 NW 116 LAR	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	failing address of limited liability company (Note: MAY BE POST OFFICE BOX)	:
		Parkland Floride	Parkhl Floriba	
		3336	7701	
			7 771 8	
		10/19/2012 L1	2000133656	
3.		Date of filing/registration in Florida 4.	Document number	
5.	(a)	Corporate Creations Nettork Trc.		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		11380 Prosperty tarms ROAD #221E		2
		YAIM IXAL GANGES, FL 774/D	330.4	
	(b)	Alan Tuchman	1 5	라였고 워크그
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	∞ _∞	
		7/ 8/ 4/1 11/ / 44.	P	공 동 스
		76 & NW 16 LAME NEW Registered Office Address:	ယ္ ယ	AAE BAE
			σ 1	秀
		0		
		PARELAND , FL 33076		
If t	he l	imited liability company is not organized under the laws of the State of Flo	orida it is hereby confirmed that aft	er
the	cha	ange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is	and the business office of the regis	stered
wa	s/W	ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability com	company or as otherwise provided	l in
tne	art	icles of organization of the operating agreement of the limited liability com	apany.	
-5	Signa	ture of member or authorized representative of a member	Printed or typed name of signee	
I h	iere.	by accept the appointment as registered agent and agree to act in this cape	acity. I further agree to comply with	h the
the to	obl mer	by accept the appointment as registered agent and agree to act in instance of one of all stafutes relative to the proper and complete performance of my eligations of my position as registered agent as provided for in Chapter 605 ely reflect a change in the registered office address, I hereby confirm that a din writing of this change.	, F.S. Or, if this document is being the limited liability company has be	filed en
no	tifie	d'in writing of this change.	* *	
Sig	gnatu	are of Registered Agent		
		-		