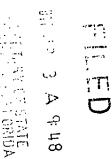
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Office Use Only



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S Warren APR 14 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 11, 2017

Order#: 593137/005

Re: OAKPOINT SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

* 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.

(a)	100 S. Ashley Drive, Suite 1130	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
	Tampa, FL 33602		
	01/14/2014	<u>L1</u>	4000007304
	Date of filing/registration in Florida	4.	Document number
(a)	Gerard Coughlin		
` /	Registered Agent and Registered Office shown on the records of	the Florida Dept	t, of State;
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	100 S. Ashley Drive, Suite 1130		
	Tampa .FI	33602	a.s. originary
	. 11		
(b)	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	1201 Hays Street		9: 48
	NEW Registered Office Address:		—— Pri &
	Tallahassee, FI	32301	
e char ent w as/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members called of organization or the operating agreement of the	the registered ability compa of the limited	d office and the business office of the register ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/ Shea Spade		Shea Sp	ade, Member
	are of a member or authorized representative of a member		Printed or typed name of signee
mrsic	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I	performance	of my duties and I am familiar with and are

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

Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President