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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divisio	on of Corporations					
SUBJECT:	Bridgepoint Credit Consulting					
SOBULET	Name of Limited Liability Company					
Dear Sir or Ma	adam:					
The enclosed l	Registered Agent/Registered Office	: Change and fee(s) are submitted for filing.			
Please return a	all correspondence concerning this	matter to the follo	owing:			
Phillip Weat	therspoon					
	Name of Person					
Bridge	POINT LREOIT CO.	USUTTAG				
9314	FOREST HILL B/U	D SUITE	#46			
WELL	City/State and Zip Code	//				
Phillip e E-mail a	Chase W. G. G. Mail. C. ddress: (to be used for future annua	on ol report notificati	on)			
For further inf	formation concerning this matter, p	lease call:				
Phillip Weat	therspoon	561	234-6652			
	Name of Person	- \	rea Code & Daytime Telephone Number			
Regist Divisi Clifto 2661 l	cet/Courier address: cration Section on of Corporations in Building Executive Center Circle crassee, Florida 32301	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314			
Enclosed is a check for the following amount:						
\$25	5 Filing Fee	□ \$55 Fi	iling Fee & Certified Copy			

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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filling/registration in Florida A. Document number 5. (a)	1. Na	ime of the limited liability company: Bridge	point	- Credit	Consulting	LLC
3. Date of filing/registration in Florida 4. Document number 5. (a) Phillip WRAH OR Strong Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1400 Willack Rips WIT 23		Principal office address of limited liability company:		Mailing addre	ss of limited liability company	
3. Date of filing/registration in Florida 4. Document number 5. (a) Lilly Walth CR Strong Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Hoo Villack RHD VIII ASS Registered Office Address (MUST BE FLORIDA STREET ADDRESS) WEST Palm BLACK FLORIDA STREET ADDRESS			<u> </u>	1 11/00		
Registered/Agent and Registered Office shown on the records of the Florida Dept. of State:	2		_			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) WEST Pala Reach FL FL FL FL					number	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) WEST Pala Reach FL FL FL FL	5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida De	pt. of State:		
WEST Palm Reach FL Second						
Enter name of NEW Registered Agent and/or NEW Registered Office address: 93/4 Forest Hill Rivo NEW Registered Office Address: 5 vi Tq. 46 We 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. Signature of a member or authorized representative of a member Phille Show Signature of a member or authorized representative of a member Phille Show Signature of a member or authorized representative of a member of the limited liability company 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 605, 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 by writing of this change.		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		7. 14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	201
Enter name of NEW Registered Agent and/or NEW Registered Office address: 93/4 Forest Hill Rivo NEW Registered Office Address: 5uitq 46 Welling to mpany 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. Signature of a member or authorized representative of a member Phille Show Signature of a member or authorized representative of a member Phille Show Signature of a member or authorized representative of a member of the limited liability company 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 605, 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.		WEST PALM REACH				星 九
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