

L150000 28196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

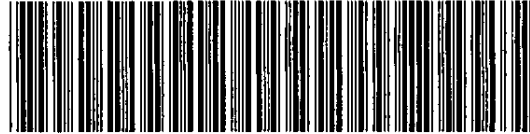
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northpoint Asset Management, 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:

Lindsey Hall

Name of Person

Northpoint Asset Management, LLC

Firm/Company

261 East Broadway #175

Address

Salt Lake City, UT 84111

City/State and Zip Code

lindsey.hall@northpointam.com

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

For further information concerning this matter, please call:

DocuSigned by:

Lindsey Hall

B58613560B7E40D

Name of Person

at (_____) _____

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

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. Name of the limited liability company: Northpoint Asset Management, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

970 Lake Carillon Drive #300

St. Petersburg, FL 33716

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

261 East Broadway #175

Salt Lake City, UT 84111

2/16/2015

L150000028196

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:

John M Plocher

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

970 Lake Carillon Drive #300

St. Petersburg, FL 33716

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

Patrick Monaghan

NEW Registered Office Address:

970 Lake Carillon Drive #300

St. Petersburg, FL 33716

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.

Patrick Monaghan

Patrick Monaghan

D6CDD16CCCC45E...
Signature of a member or authorized representative of a member

Printed or typed name of signee

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 605, F.S. Or, if this document is being filed to merely effect a change in the registered office address, I hereby confirm that the limited liability company has been notified of the change.

D6CDD16CCCC45E...

Signature of Registered Agent

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

16 JUN - 1 AM 7:56
TALLAHASSEE, FLORIDA