Florida Department of State

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(((H22000124930 3)))



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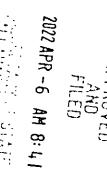
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE NORTH POINTE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



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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.

I. Na	ame of the limited liability company: NORTH POINT	TE PROPERT	IES, LLC			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ss of limited liability company: Y BE POST OFFICE BOX)		
	310 S FIELDING AVENUE	:	310 S FIELDING AVENUE			
	TAMPA, FL 33606		TAMPA, FL 33606			
	02/18/2015 (FILED) / 02/20/2015 (EFFECTIVE)	L	15000030340			
3.	Date of filing/registration in Florida		Document	number		
. (-)						
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:			
	KAREN F. NORTH					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS!				
	5583 GATLIN AVENUE					
	ORLANDO, I	32812 FL		20		
				APPR AI FIL 2022 APR - 6		
(b)		·		E REPORT A		
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addi	<u>'ess</u> :	— <u>44.</u> 6		
	PARKER RITZDORF			AH AH		
	NEW Registered Office Address:			<u>8</u>		
	310 S FIELDING AVENUE			를째 조		
	TAMPA	SL				
	·					
change agent was/w he art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members it is of organization or the operating agreement of the court.	he registered liability com s of the limit ne limited lia	office and the busine pany, it is hereby cor ed liability company	ess office of the registered in infirmed that the change(s)		
Signs	nure of a member or authorized representative of a member	-	Printed or ty	ped name of signee		
попуте	thy accept the appointment as registered agent and a constant of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, dry writing of this change. I arker Kitzaorf	gree to act it le performan ded for in Ch I hereby con	n this capacity. I furt ce of my duties, and apter 605, F.S. Or, i firm that the limited .	her agree to comply with the I am familiar with and accept f this document is being filed liability company has been		
Signan	ire of Registered Agent (Parker Ritzdorf)					

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 (((H22000124930 3)))