

L15000167869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

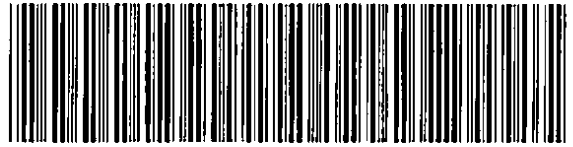
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

Ra Change

NOV 16 2023

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Waypoint Solutions 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:

Matthew S Chester

\_\_\_\_\_  
Name of Person

Waypoint Solutions LLC

\_\_\_\_\_  
Firm/Company

3366 Touchmark CT

\_\_\_\_\_  
Address

Prescott, AZ 86301

\_\_\_\_\_  
City/State and Zip Code

Chesterspllc@gmail.com

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

For further information concerning this matter, please call:

Matthew S Chester

239

777-8715

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2023

MATTHEW S CHESTER  
WAYPOINT SOLUTIONS, LLC  
3366 TOUCHMARK CT  
PRESCOTT, AZ 86301

SUBJECT: WAYPOINT SOLUTIONS, LLC  
Ref. Number: L15000167869

We have received your document for WAYPOINT SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 723A00024123

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NOV 08 2023

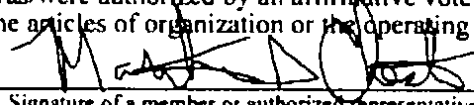
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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: Waypoint Solutions LLC
2. (a) 3366 Touchmark CT, Prescott, AZ 86301 (b) PO Box 10908, Prescott, AZ 86304  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
3. 10/2/2015 4. L15000167869  
Date of filing/registration in Florida Document number
5. (a) Matthew S Chester  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
28455 Del Lago Way  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Bonita Springs, FL 34135
- (b) McDonald & Osborne, P.A.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
9120 Corsea Del Fontana Way  
NEW Registered Office Address:  
Naples, FL 34109


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TALLAHASSEE, FL

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.

  
Signature of a member or authorized representative of a member

Matthew S Chester  
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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

 Larry D Osborne  
Signature of Registered Agent or M.D. Osborne, P.A.

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