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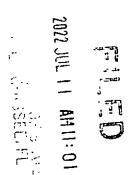
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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07/11/22 --01019--010 **25.00





COVER LETTER

Division of Corporations		•			
SUBJECT: 6 POINTE MARKETING I	LC.				
	lame of Limited I	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered (Office Change and	d fee(s) are submitted for	filing.		
Please return all correspondence concerning	this matter to the	following:			
Melissa Jones					
Name of Person					
ZenBusiness Inc.					
Firm/Company			2022 JUL 1		
336 E. College Ave. Suite 301				T	
Address			:. I	1	
Tallahassee, FL 32301				J	
City/State and Zip Cod	9		02		
ra@zenbusiness com					
E-mail address: (to be used for future a	innual report noti	fication)			
For further information concerning this matt	er, please call:				
Melissa Jones	844 at (493-6249)			
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 Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	ations hassee reet. Suite 810		
Enclosed is a check for the follow	ing amount:				
□ \$25 Filing Fee	<u>.</u>	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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. N a	ame of the limited liability company: 6 POINT	E MARK	ETING LLC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 4204 GRAINARY AVENUE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
Z. (8)						
	TAMPA, FL 33624	<u> </u>	AMPA, FL 3	3624		
	01/21/2021		21000041299			
3.	Date of filing/registration in Florida	4.	Document m			
5. (a)	Depistered Agents Inc	٦.	Document in			
J. (<u>a</u>)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	t, of State:			
	7901 4th St N			<u>15</u>		
	Registered Office Address (MUST BE FLORIDA STREET STE 300	ADDRESS)	_ 	€7.1 € 2022 JUL 1		
	St. Petersburg	33702				
(b)	ZenBusiness Inc			AMII: 02		
(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u>Σ</u>			
	336 E. College Ave.					
	NEW Registered Office Address:					
	Suite 301					
	Tallahassee, FI	L				
change agent v was/we	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered of iability compa of the limited	ffice and the business my, it is hereby conf liability company or	s office of the registered irmed that the change(s)		
/s/ °	Trequahn T Jennings	Trequ	iahn T Jenning	S		
_	ture of a member or authorized representative of a member			ed name of signee		
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I diin writing of this change.	ree to act in to performance ed for in Chap hereby confir	his capacity. I furthe of my duties, and I o ster 605, F.S. Or, if i m that the limited lic	er agree to comply with the am familiar with and accept this document is being filed ability company has been		
Signatu	are of Registered Agehi					