WZICCO HIGAMO

(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
(Bi	usiness Entity Name)			
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations						
Point Granite Ilc						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Sergio Calvillo						
Name of Person						
Firm/Company						
1008 Emerald Hill Way						
Address						
Valrico, Fl. 33594						
City/State and Zip Code						
sergioloc1357@gmail.com						
E-mail address: (to be used for future annual repor-	t notification)					
For further information concerning this matter, please ca	all:					
sergio calvillo 81.	3 298-8549					
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					
Enclosed is a check for the following amount:	Tallahassee, FL 32303					
_ \$25 1 hing 100	= 555 r ming rec or certained 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.	Na	ame of the limited liability company: Point Granite Ilc				
2	(a)	sergio calvillo		(b)	sergio calv	itlo
	(ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(υ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1008 Emerald Hill Way			1008 Emen	ald Hill Way
		Valrico, Fl. 33594	_		Valrico, Fl.	33594
		03-29-21		i	_210001462	93
3.		Date of filing/registration in Florida	4.	-		Document number
5.	(a)	Inc Authority RA				
J.	(α)	Registered Agent and Registered Office shown on the records of	the Flor	rida	Dept. of State	;;
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		390 North Orange Ave. ste 2300-N				207
		Orlando , FL	32801			2n72 114.0
						_
	(p)	Enter name of NEW Registered Agent and/or NEW Registered	Office		rece:	
		Eller hank of the Wingshere or Agent and of the Wingshere	Onice	200	<u>ir ess</u> .	2
		Sergio Calvillo				, o
		NEW Registered Office Address:				
		1008 Emerald Hill Way	_			
		Valrico . FL	33594	,		
ch ag wa the	ange ent v as/we e arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l limite	erec cor imi d lia	d office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
pr the	ovisi e obl merc	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to a perfor I for it tereby	nct i mai n Ci coi	n this capa nce of my d hapter 605, ifirm that ti	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Si	gnatu	re of Registered Agent				