LZ1000233503

(Requestor's Name)					
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PICK-UP WAIT MAIL					
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600384821176

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 582899 8284436						
AUTHORIZATION: Spelle ream						
COST LIMIT : \$\frac{1}{25}.00						
ORDER DATE: March 31, 2022						
ORDER TIME : 1:47 PM						
ORDER NO. : 582899-016						
CUSTOMER NO: 8284436						
CHANGE OF AGENT						
NAME: VISIONPOINT MARKETING, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						

EXAMINER: ___

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.

2. (a)	3210 FAIRHILL DRIVE	((b)3210 I	FAIRHILL DRIVE
_: (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · / 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 150		SUITE	150
	RALEIGH, NC 27612		RALEI	GH, NC 27612
	05/19/2021		L21000	233503
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	INCORP SERVICES, INC.			
J. (a)	Registered Agent and Registered Office shown on the records	of the Florid	da Dept. of S	State:
	17888 67TH COURT NORTH			2077
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2022 A.P.C.
				<u> </u>
	LOXAHATCHEE	33470		
		,		
(b)	Enter name of NEW Registered Agent and/or NEW Register			<u>_</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office a	ddress:	-
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Talkahanana	50004		
	Tallahassee	FL32301		
change agent w was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the street authorized by an affirmative vote.	he register liability c s of the lir	red office ompany, i nited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
1	/S/ Craig Heldman			an, Authorized Person
Signat	ure of a member or authorized representative of a member		···	Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi Iv reflect a change in the registered office address. I'in writing of this change.	te perforn ded for in	iance of n Chapter 6	iv duties, and I am familiar with and accept 105. F.S. Or, if this document is being filed

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00