L21000525201

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(Address)					
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COVER LETTER

_	istration Section ision of Corporations		
SUBJECT:	Bulletpoint Maintenance LLC		
SOBJECT.		Name of Limited I	Liability Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please return	all correspondence concerning	3 this matter to the	e following:
Courtney Pro	pefrock		
	Name of Person		
Anderson Bu	siness Advisors		
	Firm/Company		
3225 McLeo	d Drive, #100		
	Address		
Las Vegas, N	IV 89121		
	City/State and Zip Coc	le	<u> </u>
ra@anderson	advisors.com		
E-mail	address: (to be used for future	annual report noti	fication)
For further i	nformation concerning this mat	ter, please call:	
Courtney Pro	petrock	800 at (7064741
	Name of Person	\	Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: pistration Section ision of Corporations Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the follow	ing amount:	
= \$	25 Filing Fee		S55 Filing Fee & Certified Copy
INHS18 (2/14	4)		

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	ime of the limited liability company: Bulletpoint Main	tenance l	JLC		
2. (a)	4180 LAKEVIEW DR.	((b) 4180 LAKEVIEW DR.		
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SEBRING, FL 33870		SEBRING.	, FL 33870	
	<u>, </u>		<u> </u>		
	12/14/2021		L210005252	201	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	Heidi Hayes				
J. (A)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET) 4180 LAKEVIEW DR.	ADDRES	<u>(S)</u>	-	
	SEBRING , FI	33870		- -	
(b)	Anderson Registered Agents, Inc.				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:	•	
	625 E. Twiggs Street, Suite 110,			2024 A SECH TALL/	
	NEW Registered Office Address:			APR-L	
	Tampa, FI	33602			
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of the organization or the operating agreement of the	register ability c of the line limited	ed office and ompany, it is nited liability liability com	orida, it is hereby confirmed that after the I the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in apany.	
	rtney Proefrock	Co —	urtney Proefro		
Ū	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mgr	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d'in writing of this change.	e perforn ed för in	iance of my a Chapter 605.	tuties, and I am familiar with and accept F.S. Or, if this document is being filed	
Signatu	re of Registered Agent				

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