M22 000 004 833

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





900432573529

1824 JUL 30 PM 2: SECRETARY OF STA ALL MINSSEE FOR SEA

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 07/30/2024

PRIORITY Routine

OUR REF # (Order ID#) Jacob

ORDER ENTITY
POINT ACQUISITIONS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

POINT ACQUISITIONS LLC

Please file the attached change of agent filing.

NOTES:

\$25.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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	Iame of the limited liability company: POINT ACQUIS	ITIONS LL	.C	
2. (a)	501 E Kennedy Blvd, Fl 14	(b) 501 E Kennedy Blvd, FI 14		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tampa, F1, 33602		Tampa, FL 33602	
	03/30/2022	 M	122000004833	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of t 1200 SOUTH PINE ISLAND ROAD	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A			
	PLANTATION , FL	33324		
(b)	Incorporating Services, Ltd.		······································	
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	esz:	
	1540 Glenway Drive			
	NEW Registered Office Address:	·		
	Tallahassee , FL_	32301		
agent was/we the arti	or changes are made, the Florida street address of the rould be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable. Chris Mortino ure of a member or authorized representative of a member	registered (bility comp f the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in pullity company.	
			Printed or typed name of signee	
	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided by reflect a change in the registered office address. I he is writing of this change.	e to act in serformance for in Cha ereby confi	this capacity. I further agree to comply with the see of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been	
Rignatur	c of Registered Agent			
	=			

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