M22 000 012 556

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

Office Use Only



800432573538

2024 JUL 30 PM 2: 52

SECEIVED

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 ACQ HOLDINGS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

POINT ACQ HOLDINGS 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: I20050000052

Please bill the above referenced account for this order.

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

AND THE RESIDENCE OF THE PARTY OF THE PARTY

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 603.0114 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. N	ame of the limited liability company: POINT ACQ H	OLDIN			
2. (a)	501 EAST KENNEDY BOULEVARD 14TH FLOOR		a	501 EAS	I KENNEDY BOULEVARD 14TH FLOOR
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33602			Tampa, Fl	. 33602
	08/10/2022			M22000012	2556
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	C T CORPORATION SYSTEM				
.,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND ROAD				- e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-
	PLANTATION, F	1. 3332	4		_
(D) ,	Incorporating Services, Ltd.				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-
	1540 Glenway Drive				
	NEW Registered Office Address:				-
	Tallahassee , F				• •
enange agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members cles of organization or the operating agreement of the Chris Martino-	e regist iability of the l e limite	tere cor limi d li	d office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s)
	nire of a member or authorized representative of a member				Printed or typed name of signee
I herel provision the obli to mere notifica	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change.	ree to a perfor d for in hereby	act rma n C. r coi	in this capa nce of my d hapter 605, nfirm 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
	8 Ta				
Signatur	re of Registered Agent				