## P06000011441

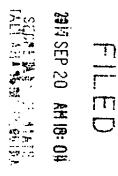
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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

SUBJECT: Baypoint Financial Services, Inc.

Name of Corporation

DOCUMENT NUMBER, P06000077447

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Kevin Robbins

Name of Contact Person

Baypoint Financial Services, Inc.

Firm/Company

13650 Fiddlesticks Blvd. Suite 202-322

Address

Fort Myers, FL 33912

City/State and Zip Code

krobbins@baypointfs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mr. Kevin Robbins

.,239

935-9352

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

. . . .

	· · · · · · · · · · · · · · · · · · ·	617.0502, 607.1508, or 617.1508, Florida		
	· ·	on organized under the laws of the State of or registered agent, or both, in the State of		
1. The name of	the corporation: Baypoint Fir	nancial Services, Inc.		
2. The principal	office address: 9328 River (	Otter Dr.		
	rs, FL 33912			-
3 The mailing a	iddress (if different): 13650 Fi	iddlesticks Blvd. Suite 202-322		
	ers, FL 33912			
4. Date of incor	poration/qualification: 6/5/200	Document number: P060	00077447	
5. The name and		istered agent and registered office on file:		
	VOLK, CLAUDIA, ESQ	<b>).</b>		
	2121 MCGREGOR BL	VD.	1	
	FORT MYERS, FL 339	001	MAIN SEP	$\neg$
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered o	ffice	
	Kevin Robbins		<b>H</b>	
	9328 River Otter Dr.		AH 18: 0H	
		. Box NOT acceptable		
	Fort Myers, FL 33912		-	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of i	ts registered agent.	•
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so	
		Kevin Robbins - Preside	ent	
_	re of an officer or director	Printed or typed name and ti	tle	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered a to comply with the provisions of my duties, and I am familiar wit is document is being filed merely that the corporation has been no	gent and agree to act in this capacity, all statutes relative to the proper and con th and accept the obligation of my positio by to reflect a change in the registered offi otified in writing of this change.	nplete n as registered ce address, I	
		9/18/17		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Kevin Robb	ins			
T	ped or Printed Name	-		

\* \* \* FILING FEE: \$35.00 \* \* \*