

P0600000 77417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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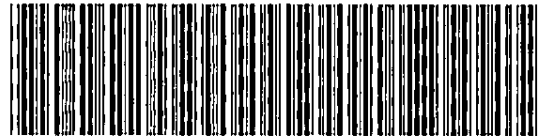
(Business Entity Name)

(Document Number)

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2018 SEP 10 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**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

Name of Contact Person

at ( 239 ) 935-9352

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**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Baypoint Financial Services, Inc.
2. The principal office address: 4619 SW 24th Ave  
Cape Coral, FL 33914
3. The mailing address (if different): 13650 Fiddlesticks Blvd. Suite 202-322  
Fort Myers, FL 33912
4. Date of incorporation/qualification: 6/5/2006 Document number: P06000077447
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kevin Robbins

9328 River Otter Dr.

Fort Myers, FL 33912

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kevin Robbins

4619 SW 24th Ave

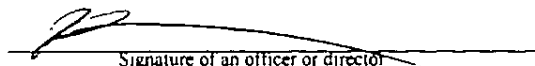
P.O. Box NOT acceptable

Cape Coral, FL 33914

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**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

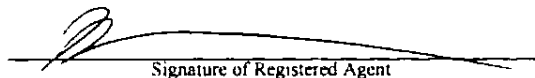
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Kevin Robbins - President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

9-5-18

Date

If signing on behalf of an entity:

Kevin Robbins

Typed or Printed Name

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