

P09000036084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

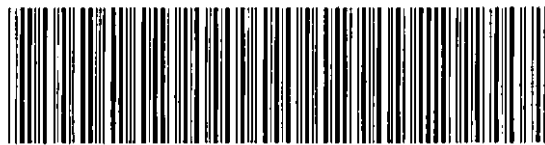
(Business Entity Name)

(Document Number)

Certificc Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200412942482

07/28/23--01008--009 **35.00

FILED

2023 JUL 28 PM 12:01

2017/06/28/09:09:09

RA Change

SEP 14 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vantage Point Title
Name of Corporation

DOCUMENT NUMBER: P0900003684

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:

Shelly White

Name of Contact Person

Vantage Point Title

Firm/Company

18167 U.S. Highway 19 N.

Address

Suite #300

City/State and Zip Code

Clearwater, FL 33764

E-mail address: (to be used for future annual report notification) dsilcott@vptitle.net

For further information concerning this matter, please call:

Shelly White

at (727) 340-0457

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 JUL 28 PM 12:01
TALLAHASSEE, FL

**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: Vantage Point Title
2. The principal office address: 18167 U.S. Highway 19 N, Suite #300, Clearwater, FL 33764
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/22/2009 Document number: P09000036084
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)
- Grisko, Robert 18167 U.S. Highway 19 N 3rd Floor CLEARWATER, FL 33764
- (RESIGNED)

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

Dave . Silcott 18167 U.S. Highway 19 N 3rd Floor CLEARWATER, FL 33764

P.O. Box NOT acceptable

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]
Signature of an officer or director

David Silcott
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]
Signature of Registered Agent

07/25/2023
Date

If signing on behalf of an entity:

David Silcott
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)