P98 000009980

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





700362877807

04/21/21--01018--011 **35.00





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Zoey Hudson zoey.hudson@cscqlobal.com

Date: April 19, 2021

Order#: 768919/023

Re: NATIONAL POINT AND INSURANCE REDUCTION COURSE, INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Zoey Hudson

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

	•	0502, 607.1508, or 617.1508, Florida Statt rganized under the laws of the State of <mark>FL</mark>	ues, this
in ora	der to change its registered office or re	gistered agent, or both, in the State of Flori	ida.
1. The name of	f the corporation: NATIONAL POINT A	AND INSURANCE REDUCTION COURSE	, INC.
2. The principa	ıl office address: 20950 Warner Cente	r Lane Suite A Woodland Hills, CA 91367	
	- Inter Co.		
3. The mailing	address (if different): 17328 VENTUR	A BLVD. SUITE #202 ENCINO, CA 91310	6
4. Date of inco	rporation/qualification: 01/29/1998	Document number: P980000099	980
	nd street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office on file with thigned)	10
	INCORP SERVICES, INC.		
	17888 67TH COURT NORTH		202
	LOXAHATCHEE,	FL 33470	2021
6. The name ar (if changed):	:	agent (if changed) and /or registered office	
	Corporation Service Company		65
	1201 Hays Street		ľú
	P.O Tallahassee	Box NOT acceptable FL 32301	
	-		
The street addrass changed wil	ress of its registered office and the str Il be identical.	eet address of the business office of its reg	gistered agent.
Such change wanthorized by t	ras authorized by resolution duly adop the board, or the corporation has been	pted by its board of directors or by an officential in writing of the change.	cer so
•	like .	Gary Aleksintser, President	
Signati	ure of an officer or director	Printed or typed name and title	
i juriner agree of my duties, a document is be corporation ha	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c sing filed merely to reflect a change in is been notified in writing of this chan on Service Company	tatutes relative to the proper and complet obligation of my position as registered ago of the registered office address. Thereby co	e performance ent. Or, if this onfirm that the
	m lei	April 13, 2021	
	gnature of Registered Agent	Date	· · · · · · · · · · · · · · · · · · ·
If signing on be	ehalf of an entity:		
	sst. Vice President		
1	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)