P98000090043

(Requestor's Name)						
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		MAIL				
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(Do	cument Number)					
Certified Copies	Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:					
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01/29/21--01018--012 **35.00



Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: _____ On Point Executive Center, Inc Name of Corporation

DOCUMENT NUMBER: P98000090043

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:

KAREN S. GILLMAN	
Name of Contact Person ON POINT EXECUTIVE CENTER, INC	
Firm/Company 3030 N ROCKY POINT DRIVE W., #150	
Address TAMPA, FL 33607	
City/State and Zip Code KARENG@ONPOINTEXECUTIVECENTER.COM	MARK@ONP(
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

 KAREN S GILLMAN
 at (8133507800)

 Name of Contact Person
 Area Code & Daytime Telephone Number

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



Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 corporatio				
2. The principal office address	3030 N Rocky Point S:	Drive W., #150 Tampa FL 3360		
3. The mailing address (if diff	erent):			
4. Date of incorporation/quali	Date of incorporation/qualification: Document number:			
5. The name and street addres Florida Department of State	-	ed agent and registered office o signed)	on file with the	
GILLMAN.	H. LEO			
3030 N ROC	KY POINT DRIVE W.,	#150		
TAMPA, FL	33607			
6. The name and street addres (if changed):	s of the new registered	agent (if changed) and /or regis	stered office	62 NVF 1206
KAREN S. G	ILLMAN		- 	INN.
3030 N ROC	KY POINT DRIVE W.,	#150		- 1
	P.0	O. Box NOT acceptable		PH .
TAMPA, FL	33607	·	بر ت	ڬ
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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.

cer or director Signature of an officer

MARK A. GILLMAN

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 Agen

1/24/2021

Date

If signing on behalf of an entity:

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)