| Name and Address of Current Registered Agent: | | | | |
|--|--|-----------------|----------------------|------------|
| BORDERS, MATT 4930 W. COMMERCE STREET TAMPA, FL 33616 US | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| SIGNATURE | : MATT BORDERS | | | 03/07/2022 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | VP | |
| Name | BORDERS, MATT | Name | BEAVER, ROSS ALAN | |
| Address | 19829 GULF BOULEVARD, UNIT 402 | Address | 805 SHORE DRIVE EAST | |
| City-State-Zip: | INDIAN SHORES FL 33785 | City-State-Zip: | OLDSMAR FL 34677 | |
| Title | VP | | | |
| Name | WOLFE, SHAUN JEFFREY | | | |
| Address | 2201 45TH AVENUE NORTH | | | |
| City-State-Zip: | ST. PETERSBURG FL 33714 | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW BORDERS

PRESIDENT

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000149579 Entity Name: ONPOINT CONTRACTING SERVICES, LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

4930 W. COMMERCE STREET TAMPA, FL 33616

Current Mailing Address:

4930 W. COMMERCE STREET TAMPA, FL 33616

FEI Number: 47-1938773

N

FILED Mar 07, 2022 Secretary of State 3597451779CC

Certificate of Status Desired: No

Date