

F22000003021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

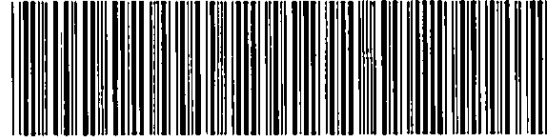
(Document Number)

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06/17/22--01003--017 **35.00

RECEIVED
2022 JUN 17 PM 3:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
2022 JUN 21 AM 9:01
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

cf 6/22/2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CLOCKOUT FINANCIAL INC

Signature

Requested by: SETH

06/21/22

Name

Date

Time

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CLOCKOUT FINANCIAL INC

Name of Corporation

DOCUMENT NUMBER: F22000003021

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathrine Karimi, Esq.

Name of Contact Person

HPGD Attorneys at Law, P.A.

Firm/Company

777 SW 37th Ave., Ste 510

Address

Miami, FL 33135

City/State and Zip Code

Kathrine@epgdllaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathrine Karimi

at (786) 837-6787

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| ☐ \$35 Filing Fee | ☐ \$43.75 Filing Fee &
Certificate of Status | ☐ \$43.75 Filing Fee &
Certified Copy | ☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2022

CAPITAL CONNECTION, INC.

SUBJECT: CLOCKOUT FINANCIAL INC
Ref. Number: F22000003021

We have received your document for CLOCKOUT FINANCIAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 622A00013763

RECEIVED
2022 JUN 21 PM 2:42
ALL INFORMATION
IS CONFIDENTIAL

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

2022 JUN 21 AM 9:01

F22000003021

(Document number of corporation (if known))

1. CLOCKOUT FINANCIAL INC

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 5/13/2022

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

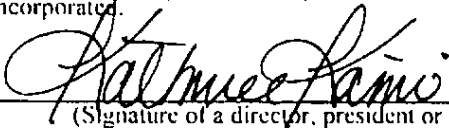
New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	JURADO-BLANCO, JUAN	12330 SW 53RD STREET STE 706	☒ Add
		COOPER CITY, FL 33330	☐ Remove
VP	TARDUGNO, ANTHONY	12330 SW 53RD STREET STE 706	☒ Add
		COOPER CITY, FL 33330	☐ Remove
DIR	CUBEDDU, ROSANA	12330 SW 53RD STREET STE 706	☒ Add
		COOPER CITY, FL 33330	☐ Remove
P	JURADO-BLANCO, JUAN	12330 SW 53RD ST., STE 506	☐ Add
		COOPER CITY, FL 33330	☒ Remove
VP	TARDUGNO, ANTHONY	12330 SW 53RD ST., STE 506	☐ Add
See attached additional amendments to be made		COOPER CITY, FL 33330	☒ Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Kathrine Karimi, ESQ.

(Typed or printed name of person signing)

Authorized Personal Representative

(Title of person signing)

FILING FEE \$35.00

DIR-

CUBEDDU, ROSANA

12330 SW 53RD ST., STE 506
COOPER CITY, FL 33330

REMOVE