

L020000003028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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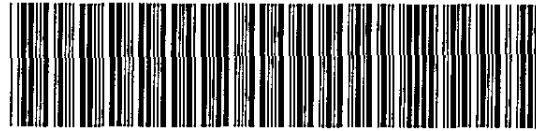
(Business Entity Name)

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TALLAHASSEE, FLORIDA
DIVISION OF REGISTRATION
06 FEB 17 PM 2:58

CAPITAL CONNECTION, INC.

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

Bluepoint LLC

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____ Art of Inc. File
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____ 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
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: BLUEPOINT LLC
Ref. Number: L02000003028

RECEIVED
TALLAHASSEE, FL
ORIGINAL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BLUEPOINT LLC and your check totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please clarify that Ms. Morrison is signing for LLC on the AMENDMENT, and then add a page with the R.A. signature.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 006A0001

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Bluepoint LLC
2. The mailing address of the limited liability company is: 700 Eleventh Street South,
PH #2, Naples, Florida 34102-6777
3. Date of filing/registration in Florida 2.1.2002
4. Document number L02000003028

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Wellington Shield Services Ltd. Inc.
Name
700 Eleventh Street South, PH #2
Address
Naples, Florida 34102-6777
City, State and Zip

6. The name and address of the new registered agent and/or office:

Wellington Shield Inc.
Name
700 Eleventh Street South, PH2
Florida street address (P.O. Box NOT acceptable)
Naples FL 34102-6777
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

CB Morrison
(Signature of a member or authorized representative of a member)

Candace B. Morrison
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

CB Morrison
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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