

L14000039812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 15 2015  
T. CARTER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clupoint LLC  
Name of Corporation

**DOCUMENT NUMBER:** L14000039812

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:

James D. Bottoms  
Name of Contact Person

Clupoint LLC  
Firm/Company

8407 Riverdale Lane  
Address

Champions Gate FL 33896  
City/State and Zip Code

jay@clupoint.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James D. Bottoms at (202) 417 8398  
Name of Contact Person Area Code & Daytime Telephone Number

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH 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 corporation: Clupoint LLC
2. The principal office address: 8407 Riverdale Lane  
Champions Gate FL 33896
3. The mailing address (if different): Ph. 202-417-8398
4. Date of incorporation/qualification: 3/10/2014 Document number: L14000039812
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Incorp Services, Inc Josie Sorensen  
17888 67th Court North  
Loxahatchee, FL 33470

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James D Bottoms  
8407 Riverdale Lane  
P.O. Box NOT acceptable  
Champions Gate FL 33896

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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.

James D. Bottoms  
Signature of an officer or director

James D. Bottoms Pres.  
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.

James D. Bottoms  
Signature of Registered Agent

1-4-2014  
Date

If signing on behalf of an entity:

James D Bottoms  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

Pa CK 572

James Bottoms PNC



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## INVOICE

Invoice Number: 857316

2360 Corporate Circle · Suite 400, Henderson NV 89074-7739  
Phone: 702.866.2500 / 800.2.INCORP Fax: 702.866.2689

[www.InCorp.com](http://www.InCorp.com)  
[accounting@incorp.com](mailto:accounting@incorp.com)

**Bill To:** Bottoms, James D.  
8407 RIVERDALE LANE  
CHAMPIONS GATE, FL 33896

**Ship To:** Bottoms, James D.  
8407 RIVERDALE LANE  
CHAMPIONS GATE, FL 33896

Account ID	Representative	Order Date	Due Date
153181	Nasr, Christina	07/16/2014	09/20/2014

Quantity	Description	Unit Price	Item Total
1	[Internal] Mailed Invoice Convenience Fee	5.00	5.00
	Save this fee in the future by receiving invoice by email!		
1	[Internal] (FL) Registered/Resident Agent Service [FL] CLUPOINT LLC - (302298) (For the period 9/1/2014 through 8/31/2015)	99.00	99.00

Refer to our terms of service if you wish to cancel service. Payment must be RECEIVED by the due date to avoid penalties and fees so please REMIT IMMEDIATELY. You may pay online at [www.incorp.com](http://www.incorp.com). Thank you for your business!

InCorp Services, Inc.'s Fees: **\$104.00**  
Grand Total: **\$104.00**

### RETURN THIS PORTION WITH YOUR PAYMENT

Bottoms, James D.  
8407 RIVERDALE LANE  
CHAMPIONS GATE, FL 33896

Invoice Number: 857316  
Account Number: 153181

Mail Payment To: InCorp Services, Inc.  
PO Box 94438  
Las Vegas, NV 89193-4438

Due Date: 09/20/2014  
Amount Due: \$104.00

