

836530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

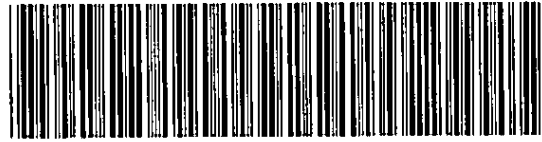
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FILED

2023 JAN 19 AM 11:53

STATE OF FLORIDA  
TALLAHASSEE, FL

1/21/2023

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ELAUT USA INC.

Name of Corporation

DOCUMENT NUMBER: 836 530

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSHUA SEIDEL

Name of Contact Person

ELAUT USA, INC.

Firm/Company

2201 4TH AVE N

Address

LAKE WORTH BEACH, FL 33461

City/State and Zip Code

jseidel@elautgroupusa.com

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

For further information concerning this matter, please call:

JOSHUA SEIDEL

Name of Contact Person

at (561) 253-3304

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

January 6, 2023

JOSHUA SEIDEL  
2201 4TH AVENUE N  
LAKE WORTH BEACH, FL 33461-3835

SUBJECT: ELAUT USA, INC.  
Ref. Number: 836530

We have received your document for ELAUT USA, 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.

The entity's correct date of incorporation/organization must be listed in the document.

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: 323A00000438

2023 JAN 19 AM 10:54

**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.)

**FILED**

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

2023 JAN 19 AM 11:53

836530

(Document number of corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FL

1. ELAUT USA, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. NEW JERSEY 3. 6/15/1976  
(Incorporated under laws of) (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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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>
SECRETARY	JOSHUA SEIDEL	2201 4 <sup>TH</sup> AVE N LAKE WORTH SEACH, FL 33461	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

0. 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)

TREVOR GIANARIS

(Typed or printed name of person signing)

President / CEO

(Title of person signing)

FILING FEE \$35.00