

844726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

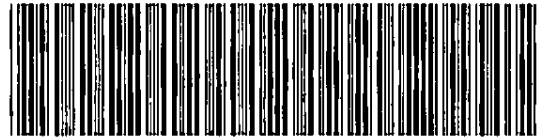
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500363523215

*Amended*

04/14/21--01010--033 \*\*43.75

FILED

2021 AUG -2 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

AUG 05 2021  
A RAMSEY

AUG 05 2021  
A RAMSEY

\* 00789, 00524, 00671

COVER LETTER

RECEIVED

TO: Amendment Section Division of Corporations

SUBJECT: Smarte Carte, Inc.  
Name of Corporation

2021 AUG -2 PM 1:10

DOCUMENT NUMBER: 844726

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Schultz

Name of Contact Person

Smarte Carte, Inc.

Firm/Company

4455 White Bear Parkway

Address

St Paul MN 55110

City/State and Zip Code

Schultzg@smartecarte.com

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

For further information concerning this matter, please call:

Greg Schultz

Name of Contact Person

at ( 651 ) 653-3008

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

(previously sent)

☐ \$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 11, 2021

GREG SCHULTZ  
SMARTE CARTE INC.  
4455 WHITE BEAR PARKWAY  
ST. PAUL, MN 55110

SUBJECT: SMARTE CARTE, INC.  
Ref. Number: 844726

We have received your document for SMARTE CARTE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit amending officers can only be filed during the corporation's first year of qualification. I have enclosed a foreign (out of state) corporation amendment form that you may use to change the officers.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 321A00012942

**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)**

844726

(Document number of corporation (if known))

Smarte Carte, Inc.

1. \_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Minnesota  
(Incorporated under laws of)

3. 11/20/79  
(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*

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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>
CEO/ Director	Drew Niemeyer	4455 White Bear Parkway St. Paul MN 55110	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CFO/ Director	Scott Warren	" "	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GC/ Director	Greg Schultz	" "	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	James Meyer, Edward Rudis, Arthur Spring		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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)

Greg Schultz  
(Typed or printed name of person signing)

GC  
(Title of person signing)

FILING FEE \$35.00