

4/18/22, 10:00 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

FOUCC00003055

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 Division of Corporations  
 Fax Number : (850)617-6380

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 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
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RECEIVED  
 2022 APR 18 PH 4:35  
 SECRETARIAS OFFICE  
 TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 CAROLLO ENGINEERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. BUTLER  
 APR 19 2022

Electronic Filing Menu

Corporate Filing Menu

Help

PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

2022 APR 18 AM 8:44

SECTION I  
(1-3 MUST BE COMPLETED)

SECRETARY OF STATE  
TALLAHASSEE, FL

F00000003055

(Document number of corporation (if known))

1. CAROLLO ENGINEERS, INC.

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

2. Delaware

3. 05/25/2000

(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>
VP	Elliott, Larry E. E	200 E. Robinson St., Ste. 1400	Add
		Orlando, FL 32801	<del>Remove</del>
VP	Charles Scott Lee	4720 Salisbury Rd., Ste. 117	Add
		Jacksonville, FL 32256	<del>Remove</del>
VP	Sudhan Paranjape	200 E. Robinson St., Ste. 1400	Add
		Orlando, FL 32801	<del>Remove</del>
			Add
			<del>Remove</del>
			Add
			<del>Remove</del>

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.

/s/Vincent Hart

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

Vincent Hart

(Typed or printed name of person signing)

Director

(Title of person signing)

**FILING FEE \$35.00**