

FOZ 000000 5151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

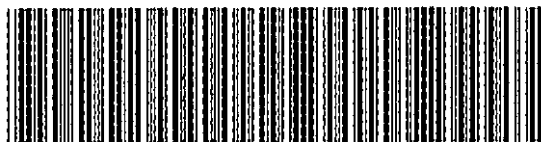
(Document Number)

Certified Copies _____ Certificates of Status _____

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Form doesn't meet filing
reqmts

Office Use Only



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11/19/20--01007--014 **25.

R. WHITE

JAN 25 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2021

TOMAS CHADWICK
480 BEDFORD RD BLDG 600 2ND FLOOR
CHAPPAQUA, NY 10514

SUBJECT: ADVANCED DATA PROCESSING, INC.
Ref. Number: F02000005151

We have received your document for ADVANCED DATA PROCESSING, 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):

Due to a recent statute change, this form no longer meets the filing requirements of this office. Please see the enclosed information for filing articles of amendment for a Foreign corporation.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 921A00000164

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ADVANCED DATA PROCESSING, INC.
Name of Corporation

DOCUMENT NUMBER: F020000005151

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOMAS R CHADWICK
Name of Contact Person

~~ADV~~ ADVANCED DATA PROCESSING INC
Firm/Company

6 SYLVAN RD
Address

DARIEN CT 06820
City/State and Zip Code

TCHADWICK@DIGITECHCOMPUTER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE SCHUCK at (914) 791-1999 ext 419
Name of Contact Person 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

↑
Already sent the check.

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

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)

FO200000SLS1

(Document number of corporation (If known))

1. ADVANCED DATA PROCESSING, INC

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

2. Delaware

(Incorporated under laws of)

3. 10/11/2002

(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? NO CHANGE

5. N/A

(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.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(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:

N/A 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>
CEO	MANCK SCHWITZ	449 GARDEN HILL RD	<input checked="" type="checkbox"/> Add
		Bedford, NY 10506	<input type="checkbox"/> Remove
CFO	TOMAS CHADWICK	6 SYLVAN M	<input checked="" type="checkbox"/> Add
		DARLEN CT 06820	<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

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)

TOMAS CHADWICK

(Typed or printed name of person signing)

Chief Financial Officer

(Title of person signing)

FILING FEE \$35.00