

FO3 000004587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

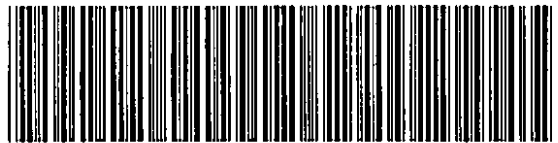
(Business Entity Name)

(Document Number)

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2020 AUG 25 AM 11:11

Amend

AUG 25 2020

ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Filta Group Inc.  
Name of Corporation

DOCUMENT NUMBER: FC3000004587

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Cole  
Name of Contact Person

Filta Group Inc  
Firm/Company

7075 Kingspointe Parkway  
Address

Orlando, FL 32819  
City/State and Zip Code

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

For further information concerning this matter, please call:

Paula Cole at (407) 996-5550 X 104  
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

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

August 10, 2020

PAULA COLE  
7075 KINGSPONTE PARKWAY  
ORLANDO, FL 32819

SUBJECT: THE FILTA GROUP, INC.  
Ref. Number: F03000004587

We have received your document for THE FILTA GROUP, 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):

Please list the street address of each officer/director.

Please sign and type print the name of the officer/director signing the form in the spaces provided.

The document is illegible and not acceptable for imaging.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 220A00015030

**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)**

F03000004581

(Document number of corporation (if known))

1. The Filra Group Inc.

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

2. Delaware

(Incorporated under laws of)

3. Sept. 12, 2003

(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

2003 SEP 12 AM 11:11

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>
<u>CEO</u>	<u>Rob Totten</u>	<u>7075 Kingspointe Pkwy Ste 1</u> <u>Orlando, FL 32757</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>CEO</u>	<u>Clayd T Dunn</u>	<u>7075 Kingspointe Pkwy Ste 1</u> <u>Orlando, FL 32757</u>	<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

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.

Jason Sayers (Signature of a director, president or other officer - if in the hands of  
(Typed or printed name of person signing) a receiver or other court appointed fiduciary, by that fiduciary)  
President (Title of person signing)

FILING FEE \$35.00