

F05000003 884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

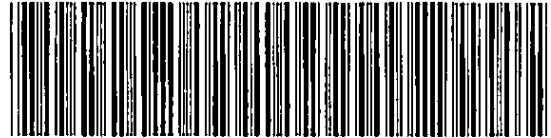
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*Amended*

2024 JUL -3 AM 9:18

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ALABAMA SECRETARY OF REVENUE

2024 JUL -3 PM 1:46

RECEIVED

A. RAMSEY

JUL 8, 2024

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 07/03/2024

Acc#I20160000072

*mic DW*

Name:	NORTHAMERICAN COFFEES, INC.
Document #:	
Order #:	15733096

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
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Updater _____
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W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

**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.)

2024 JUL -3 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

F05000003884

(Document number of corporation (if known))

1. NORTHAMERICAN COFFEES, INC.

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

2. Delaware

(Incorporated under laws of)

3. 07/05/2005

(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 C T Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address: Plantation, Florida 33324

(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.*

Meredith Hellwig

Meredith Hellwig, Assistant Secretary

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	Micheal Stephen Lone	3625 NW 82nd Ave., S-100 Doral FL 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
President	Juan Carlos Villacis	3625 NW 82nd Ave., S-100 Doral FL 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Treasurer	Carlos Eduardo Lopez Romero	3625 NW 82nd Ave., S-100 Doral FL 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Secretary	Stephan Thomas Suarez	3625 NW 82nd Ave., S-100 Doral FL 33166	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
CFO	Antonio Porres	3625 NW 82nd Ave., S-100 Doral FL 33166	<input type="checkbox"/> Add
			<input checked="" 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.

DocuSigned by:

*Carlos Eduardo Lopez Romero*

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

Carlos Eduardo Lopez Romero, Treasurer

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00