

F09 000002053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

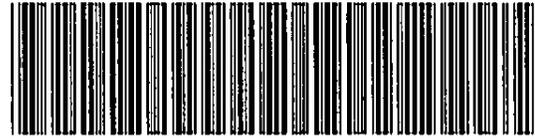
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/21

Office Use Only



700398123457

12/05/22--01028--017 *\$52.50

SECRETARY
TALLAHASSEE
2023 MAR 21 AM 11:00
D



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2023

MICHELLE ELROD
14820 NORTH HWY
SUITE 200
HOUSTON, TX 77090 US

SUBJECT: GARIA INC.
Ref. Number: F09000002053

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

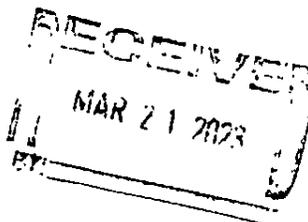
The form you submitted is for a NON-PROFIT CORPORATION, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 723A00004875



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Garia Inc.
Name of Corporation

DOCUMENT NUMBER: F09000002053

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Elrod
Name of Contact Person

Garia Inc.
Firm/Company

14820 North Fwy Suite 200
Address

Houston, TX 77090
City/State and Zip Code

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

For further information concerning this matter, please call:

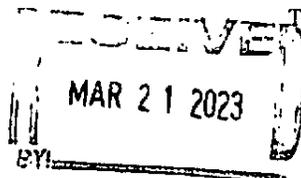
Michelle Elrod at (281) 923-0291
Name of Contact Person Area Code & Daytime Telephone Number

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



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)

F09000002053

(Document number of corporation (if known))

1. Garia Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Texas 3. 05/18/2009
(Incorporated under laws of) (Date authorized to do business in Florida)

SECRETARY
TALLAHASSEE
2009 MAR 21 AM 11:11
D

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:

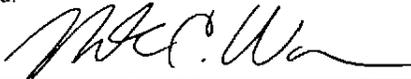
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>
<u>CEO</u>	<u>Mark Wagner</u>	<u>4125 Washington Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>Evans, GA 30809</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>Hareesh Shah</u>	<u>4125 Washington Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>Evans, GA 30809</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<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)

Mark C. Wagner

(Typed or printed name of person signing)

CEO/President

(Title of person signing)

FILING FEE \$35.00