

F1000000 1138

(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:

Office Use Only



400341700494

03/10/20--01025--013 **35.00

2020 APR 13 PM 5:26

R. WHITE
APR 14 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2020

MARIA NAPOLES
200 SOUTH PARK RD STE 350
HOLLYWOOD, FL 33021

SUBJECT: NV5, INC.
Ref. Number: F10000001138

2020 APR 13 PM 11:35

RECEIVED

NO CHECK WAS ENCLOSED

We have received your document for NV5, 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):

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

We are enclosing the proper form(s) with instructions for your convenience.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 920A00006604

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Amendment to Officers

Name of Corporation

DOCUMENT NUMBER: F10000001138

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Napoles

Name of Contact Person

NV5, Inc.

Firm/Company

200 South Park Rd., Ste 350

Address

Hollywood, FL 33021

City/State and Zip Code

licenses@nv5.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Napoles

954

613-6731

at ()

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)

F10000001138

(Document number of corporation (if known))

1. NV5, Inc. _____
(Name of corporation as it appears on the records of the Department of State)
2. Delaware _____ 3. 3/05/10 _____
(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

2010 10 AM 5:25

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	Christopher Leftakis	200 South Park Rd., Ste 350	<input type="checkbox"/> Add
		Hollywood, FL 33021	<input checked="" type="checkbox"/> Remove
VP	Leila Jammal	200 South Park Rd., Ste 350	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33021	<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)

Richard Tong
 (Typed or printed name of person signing)

Director, Assistant Secretary
 (Title of person signing)

FILING FEE \$35.00