

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CLIMB YOUR MOUNTAIN, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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2020 FEB 12 PM 3:21

FILED
20 FEB 12 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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)**

F11000004780

(Document number of corporation (if known))

1. CLIMB YOUR MOUNTAIN, INC.
(Name of corporation as it appears on the records of the Department of State)
2. New York 3. 11/28/2011
(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--|---------------------------|-----------------------|--|
| Deputy General Manager and Treasurer | Ana Maria Duque | 11345 NW 122nd Street | <input type="checkbox"/> Add |
| | | Medley, FL 33178 | <input checked="" type="checkbox"/> Remove |
| Deputy General Manager and Treasurer | Ana Maria Duque Campuzano | 11345 NW 122nd Street | <input checked="" type="checkbox"/> Add |
| | | Medley, FL 33178 | <input type="checkbox"/> Remove |
| General Manager | Jorge Esteban Rey Botero | 11345 NW 122nd Street | <input checked="" type="checkbox"/> Add |
| | | Medley, FL 33178 | <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.

Ana Maria Duque

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

Ana Maria Duque Campuzano

(Typed or printed name of person signing)

Deputy General Manager and Treasurer

(Title of person signing)

FILING FEE \$35.00

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