

F12000001691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

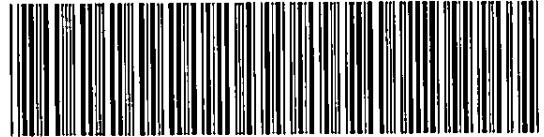
(Document Number)

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06/05/23--01012--003 \*\*95.00

FILED  
2023 JUN -5 AM 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 14 2023



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2023

MATTHEW A. LONG  
255 N. MARKET STREET  
WOOSTER, OH 44691

SUBJECT: DUTCHMAN HOSPITALITY GROUP, INC.  
Ref. Number: F12000001691

We have received your document for DUTCHMAN HOSPITALITY 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):

There is no provision for a foreign corporation to file an amendment to change officers and/or directors its first year of qualification. Please submit an Affidavit signed by an officer or director listing the titles, names, and addresses of the officers and/or directors. After the first year of qualification, changes can be made on the corporation annual report or an amended annual report. The initial annual report is due from January 1 to May 1 of the year following the date of incorporation.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 423A00017869

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dutchman Hospitality Group, Inc.  
Name of Corporation

DOCUMENT NUMBER: F12000001691

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew A. Long

Name of Contact Person

Critchfield, Critchfield and Johnston

Firm/Company

225 N Market Street

Address

Wooster, Ohio 44691

City/State and Zip Code

long@ccj.com

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

For further information concerning this matter, please call:

Matthew Long

Name of Contact Person

at ( 330 )

264-4444

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)

F12000001691  
(Document number of corporation (if known))

1. Dutchman Hospitality Group, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Ohio 3. 4/18/2012  
(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:

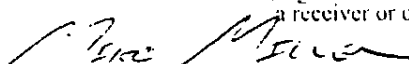
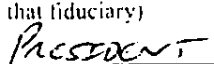
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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>
President	Miller, Mike	4985 Walnut St. Walnut Creek, OH	<input checked="" type="checkbox"/> Add
		44867	<input type="checkbox"/> Remove
President	Palmer, Mike	4985 Walnut St. Walnut Creek, OH	<input type="checkbox"/> Add
		44687	<input checked="" 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.

	
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35.00