

F12 000002605

(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



500348550445

07/21/20 10:10:03 -05:00

RECEIVED
JUL 13 2020

05:20:50

Handwritten signature

OCT 15 2020
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GLOBAL FAIRTRADE INVEST CORPORATION

DOCUMENT NUMBER: F12000002605

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YUDERCA M BARBERA

Name of Contact Person

BUSINESS PLUS TAX SOLUTIONS INC

Firm/ Company

5258 GOLDEN GATE PKWY STE 106

Address

NAPLES, FL 34116

City/ State and Zip Code

yudy@businessplustaxes.com

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

For further information concerning this matter, please call:

YUDY BARBERA

at (239)

643-9968

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2020

YUDERCA M. BARBERA
BUSINESS PLUS TAX SOLUTIONS INC
5258 GOLDEN GATE PKWY - STE. 106
NAPLES, FL 34116

SUBJECT: GLOBAL FAIRTRADE INVEST CORPORATION
Ref. Number: F12000002605

We have received your document for GLOBAL FAIRTRADE INVEST CORPORATION 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 120A00016109

NOTE:

As per request see CORRECT FORM ATTACHED

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)

F12000002605

(Document number of corporation (if known))

1. GLOBAL FAIRTRADE INVEST CORPORATION

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

2. FLORIDA

(Incorporated under laws of)

3. 09/08/2009

(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

2009 9 11 PM 2:50

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>
p	SHUXIAN ZHOU	748 MILAN COURT	<input type="checkbox"/> Add
		MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Remove
P	MEI BOEHM	748 MILAN COURT	<input checked="" type="checkbox"/> Add
		MARCO ISLAND, FL 34145	<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

0. 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)

Mei Boehm
(Typed or printed name of person signing)

Director
(Title of person signing)

FILING FEE \$35.00