

F120000004020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

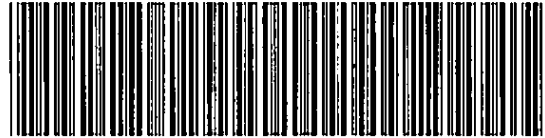
(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

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07/24/20--01027- -011 **35.00

R White
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R WHITE

SEP 02 2020

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2020

ENA ARIAS
2671 S COURSE DR APT 109
POMPANO BEACH, FL 33069

SUBJECT: GAMA AVIATION (ENGINEERING) INC.
Ref. Number: F12000004020

We have received your document for GAMA AVIATION (ENGINEERING) 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 CORPORATION, but your entity is a FOREIGN 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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 820A00016921

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Gama Aviation Engineering Inc.

Name of Corporation

DOCUMENT NUMBER: F 12 00000 4020

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENA ARIAS

Name of Contact Person

Oropel Accounting & Tax P.A.

Firm/Company

2671 So. Louise Dr. #109

Address

Pompano Beach, FL 33069

City/State and Zip Code

earias@oropelpt.com

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

For further information concerning this matter, please call:

Ena Arias

Name of Contact Person

at (540) 629-3120

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



Already paid

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 TRANACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F 12 00000 4020

(Document number of corporation (if known))

1. Gama Aviation Engineering Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. _____
(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? N/A
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.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
(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 N/A

1815 NW 51st Place
(Florida street address)

New Registered Office Address: Fort Lauderdale, Florida 33309
(City) (Zip Code)

} New
Office
Address

New Registered Agent's Signature, if changing Registered Agent:

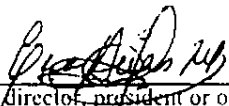
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A
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>D/P</u>	<u>Richey, Dennis</u>	<u>1815 NW 51ST place</u> <u>Fort Lauderdale FL 33069</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			} address change
<u>T</u>	<u>Fratta, Nick</u>		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			} Remove. No longer in the company
			<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)

ENA ARIAS Finance consultant
(Typed or printed name of person signing) (Title of person signing)

(Authorized Representative)

FILING FEE \$35.00 (Already paid)