

F13000001369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

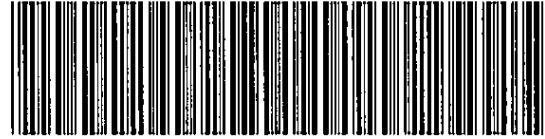
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



500357452695 ✓

04/14/21--01004--004 **17.50

01/11/21--01024--004 **35.00

S TALLENT
APR 21 2021

2021 MAR 22 AM 11:57

Foreign
Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2021

JUDY BALDWIN
NEW YORK 1, INC.
1233 VESTAVIA CIRCLE
MELBOURNE, FL 32940

SUBJECT: NEW YORK 1, INC.
Ref. Number: F13000001369

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE FOREIGN PROFIT CORPORATION AMENDMENT FORM ATTACHED AND RESUBMIT. THE AFFIDAVIT FORM CAN NOT BE FILED.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 021A00003781

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: New York 1, INC
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judy R. Baldwin
Name of Contact Person

New York 1, INC
Firm/Company

1233 Vestavia Circle
Address

Melbourne, Fla 32940
City/State and Zip Code

judybaldwin@cardconnectprestige.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy R. Baldwin (914) 475-4658
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

paid

☐ \$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)

F13000001369

(Document number of corporation (if known))

1. New York I, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Delaware 3. 3/27/2013
(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:

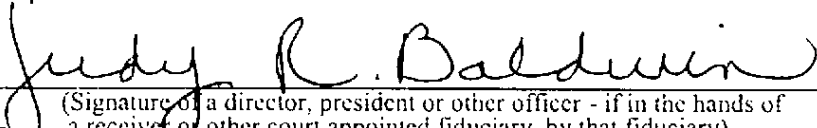
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

2021 MAR 22 AM 11:57

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>
Secretary	Michael Miller	4982 Mandolin Ct Melbourne, Florida	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		32940	<input type="checkbox"/> Add <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
			<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)	
Judy R Baldwin	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35.00