

APR/30/2021/FRI 07:58 AM

FAX No.

P. 001

4/23/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000169810 3)))



H210001698103ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 966-2500
Fax Number : (702) 966-2689

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

Email Address: managedreports@incorp.com

APR 30 PM 1:55
FILED

RECEIVED

2021 APR 30 AM 7:22

STATE OF FLORIDA
TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
JETEX US INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

APR 30 2021

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

H21000169810 3

SUBJECT: JETEX US INC.

Name of Corporation

DOCUMENT NUMBER: F14000001860

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgia Dorsam

Name of Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

lynn.dorsam@incorp.com

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

For further information concerning this matter, please call:

Georgia Dorsam

800-246-2677

at

Name of Contact Person

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 CopyMailing Address:Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street Address:Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H21000169810 3

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)

H21000169810 3

F14000001860

(Document number of corporation (if known))

1. JETEX US INC.

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

2. Delaware

(Incorporated under laws of)

3. 04/28/2014

(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

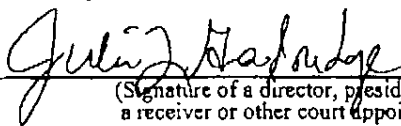
H21000169810 3

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

H21000169810 3

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P,D,S,T	Julie Goodridge	14200 NW 42 AVE, Suite 801	<input type="checkbox"/> Add
		Opa Locka, FL 33054	<input checked="" type="checkbox"/> Remove
P,D	Marlene Waterston	14200 NW 42 AVE, Suite 801	<input checked="" type="checkbox"/> Add
		Opa Locka, FL 33054	<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

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)

Julie Goodridge

President

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

H21000169810 3