

F14 00000 4754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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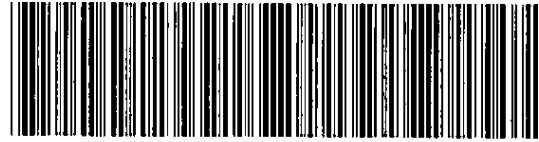
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VW

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DR
TALLAHASSEE, FL 32309
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$35.00

Authorization Signature: _____ :

POLLARD BANKNOTE LIMITED CORP F14000004754

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ LLLP
- ☐ CORP
- ☐ Other
- ☐ Other

AMMENDMENTS

- ☒ **Amendment**
- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Restated Articles of Incorporation
- ☐ Statement of Authority

OTHER FILINGS

- ☐ Apostille
- ☐ Country
- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Reinstatement
- ☐ Qualification
- ☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Pollard Bank note Limited corp
Name of Corporation

DOCUMENT NUMBER: 14000004754

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard
Name of Contact Person

Pollard Bank note Limited corp
Firm/Company

140 Otter Street
Address

Winnipeg Manitoba R3T 0M8, CA
City/State and Zip Code

mike Pollard 3030@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Pollard at (904) 376 9763
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 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)

14000004754

(Document number of corporation (if known))

1. Pollard Banknote Limited corp
(Name of corporation as it appears on the records of the Department of State)

2. OC
(Incorporated under laws of)

3. 11-07-2014
(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

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>PD+</u>	<u>Michael Pollard</u>	<u>140 offer street</u>	<input checked="" type="checkbox"/> Add
		<u>Winnipeg, manitoba</u>	<input type="checkbox"/> Remove
		<u>R3+ Gm 8, CA</u>	<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

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.

Michael Pollard President owner
 (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35.00