

F150000000094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

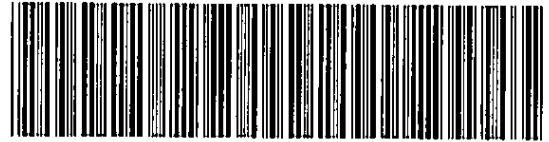
(Business Entity Name)

(Document Number)

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2021 SEP -3 PM 6:18

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Amend cc/cy

SEP 15 2021  
ALBRITTON

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** PVE Equipment USA, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** 1500000094

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dawn Wright

\_\_\_\_\_  
Name of Contact Person

PVE Equipment USA, Inc.

\_\_\_\_\_  
Firm/Company

P O Box 12529

\_\_\_\_\_  
Address

Jacksonville, FL 32209

\_\_\_\_\_  
City/State and Zip Code

Dawn@pvcusa.com

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

For further information concerning this matter, please call:

Dawn Wright

904

765-6686

\_\_\_\_\_  
Name of Contact Person

at ( )

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
7/21/2021 11:02

August 23, 2021

DAWN WRIGHT  
P.O. BOX 12529  
JACKSONVILLE, FL 32209 US

SUBJECT: PVE EQUIPMENT USA, INC.  
Ref. Number: F15000000094

We have received your document for PVE EQUIPMENT USA, INC. and your check(s) totaling \$52.50. 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) 245-6052.

Jalesa S Dennis  
Regulatory Specialist II

Letter Number: 021A00020209

**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)**

15000000094

(Document number of corporation (if known))

1. PVE Equipment Corporation Inc.

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

2. Delaware

(Incorporated under laws of)

3. 1/9/2015

(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: \_\_\_\_\_

(City)

Florida

(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

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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>
V	Herald Wattenberg	5011 Vernon Road	<input type="checkbox"/> Add
		Jacksonville, FL 32209	<input checked="" type="checkbox"/> Remove
P	Ronald Ijntema	Lelystraat 49	<input checked="" type="checkbox"/> Add
		3364 AH Sliedrecht, The Netherlands	<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)

Herald Wattenberg

(Typed or printed name of person signing)

Director

(Title of person signing)

**FILING FEE \$35.00**