

F17 000 000 255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

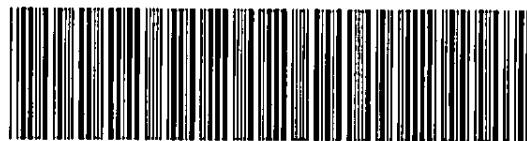
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/07/21--01003--005 **10.00

09/02/21--01014--020 **25.00

R. WHITE
OCT 07 2021



2021 OCT -4 PM 1:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2021

ADAM ITZKOWITZ ESQ.
1034 BELCHER RD S
LARGO, FL 33771

SUBJECT: PROPCORP GROUP INC.
Ref. Number: F17000000255

We have received your document for PROPCORP GROUP INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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: 521A00022185

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROPCORP GROUP INC.

DOCUMENT NUMBER: F17000000255

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam H. Itzkowitz

Name of Contact Person

Itzkowitz Law, PLLC

Firm/ Company

1034 Belcher Rd S

Address

Largo, FL 33771

City, State and Zip Code

adam@itzlawfirm.com

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

For further information concerning this matter, please call:

Adam H. Itzkowitz at (\$13) 461-6600
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

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)

F17000000255

(Document number of corporation (if known))

1. PROPCORP GROUP INC.
(Name of corporation as it appears on the records of the Department of State)
2. DELAWARE 3. 01/17/2017
(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.

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>
CDPT	Tom Phanco	3906 W De Leon St	<input type="checkbox"/> Add
		Tampa, FL 33609	<input type="checkbox"/> Remove
Director	Carlos Lau	3906 W De Leon St	<input type="checkbox"/> Add
		Tampa FL 33609	<input type="checkbox"/> Remove
Secretary	Douglas Yee	3906 W De Leon St	<input type="checkbox"/> Add
		Tampa FL 33609	<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.

Charles J. Butt
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

CHARLES J. BUTT
 (Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00