

F17000001665

(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:

wrong form

9/25
7/30

Office Use Only



700431142907

06/11/24--01012--018 **35.00

2024 OCT 05 PM 3:13
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

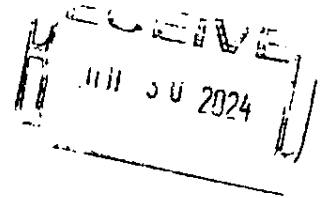
OCT 1

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2024



DIROCCO & MOSS LLC
RAYMOND DIROCCO
7800 W OAKLAND PARK BLVD C-306
SUNRISE, FL 33351

SUBJECT: CARIBBEAN FUNERAL SHIPPING SERVICES AND LOGISTICS
INC
Ref. Number: W24000101811

We have received your document for CARIBBEAN FUNERAL SHIPPING SERVICES AND LOGISTICS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 524A00015193

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CARIBBEAN FUNERAL SHIPPING SERVICES INC

Name of Corporation

DOCUMENT NUMBER: F17000001665

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAYMOND DIROCCO

Name of Contact Person

DIROCCO & MOSS LLC

Firm/Company

7800 W OAKLAND PARK BLVD C-306

Address

SUNRISE FL 33351

City/State and Zip Code

VERNAM@DIROCCOCPA.COM

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

For further information concerning this matter, please call:

KEITH BELGROVE

at (954) 358-4272

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)

F17000001665

(Document number of corporation (if known))

1. CARIBBEAN FUNERAL SHIPPING SERVICES

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

2. WY

(Incorporated under laws of)

3. 04/12/2017

(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? 05/01/2024

5. CARIBBEAN FUNERAL SHIPPING SERVICES AND LOGISTICS INC

(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:

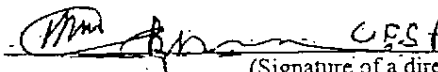
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>
_____	_____	_____	<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

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.

 CFS P
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

KEITH A. BELGRUE
(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

2024 SEP 25 11:01:40
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09-25-2024 BY 60322 UCBAW

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

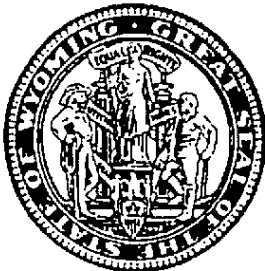
CARIBBEAN FUNERAL SHIPPING SERVICES AND LOGISTICS INC


is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **January 26, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001074120**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of September, 2024 at 7:26 AM. This certificate is assigned ID Number 076590930.




Secretary of State