

F170000002186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

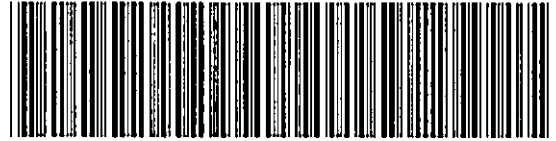
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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! ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DIMOR AEROSPACE, INC.

Name of Corporation

DOCUMENT NUMBER: F17000002186

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIZABETH GINORI

Name of Contact Person

BOYER GINORI CPAS LLC

Firm/Company

1645 PALM BEACH LAKES BLVD. STE 480

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

slepschy@dimor.aero

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

For further information concerning this matter, please call:

ELIZABETH GINORI

at (561) 323-6520

Name of Contact Person

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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2020

ELIZABETH GINORI
BOYER GINORI CPAS LLC
1645 PALM BEACH LAKES BLVD - STE. 480
WEST PALM BEACH, FL 33401

SUBJECT: DIMOR AEROSPACE, INC.
Ref. Number: F17000002186

We have received your document for DIMOR AEROSPACE, 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):

You failed to check which action to take with the officer/directors listed.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 720A00022824

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)

F17000002186

(Document number of corporation (if known))

1. DIMOR AEROSPACE, INC.

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

2. DELAWARE

(Incorporated under laws of)

3. 05/12/2017

(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? _____

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 SVEN LEPSCHY

1645 PALM BEACH LAKES BLVD STE. 1200

(Florida street address)

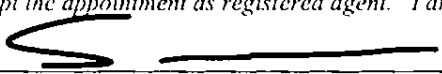
New Registered Office Address: WEST PALM BEACH, Florida 33401

(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>
DP	LEPSCHY, SVEN	1645 PALM BEACH LAKES BLVD	<input type="checkbox"/> Add
		STE 1200	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
DST	LEPSCHY, NATHALIE	1645 PALM BEACH LAKES BLVD	<input type="checkbox"/> Add
		STE 1200	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

"Change Address Only"

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)

Sven Lepschy
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE \$35.00