

F17 000003605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

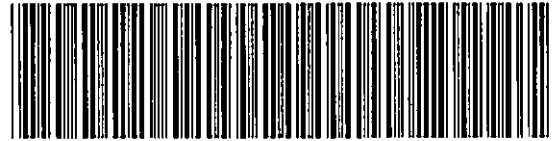
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11:08:39

Amend

SEP 09 2020

ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THE LOT WAREHOUSE INC.

Name of Corporation

DOCUMENT NUMBER: F17000003605

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO A. QUIROS

Name of Contact Person

THE LOT WAREHOUSE INC

Firm/Company

20133 WILLOW BEND CT

Address

ESTERO FL 33928

City/State and Zip Code

gusg@earthlink.net

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

For further information concerning this matter, please call:

GUSTAVO A. QUIROS

Name of Contact Person

at ( 239 ) 405-2294

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 SEP 01 PM 3:34

August 13, 2020

GUSTAVO A. QUIROS  
20133 WILLOW BEND CT  
ESTRO, FL 33928

SUBJECT: THE LOT WAREHOUSE INC  
Ref. Number: F17000003605

We have received your document for THE LOT WAREHOUSE 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

An affidavit to change office/directors can only be filed within the first year of incorporation.

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: 720A00015336

**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)**

F 17 000003605

(Document number of corporation (if known))

1. THE LOT WAREHOUSE INC.  
(Name of corporation as it appears on the records of the Department of State)
2. STATE OF DELAWARE 3. 08-09-2017  
(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*

2017  
SEP 11 8:39

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>Dir/PRESIDENT</u>	<u>GUSTAVO A. QUIROS</u>	<u>20133 WILLOW BEND CT</u>	<input type="checkbox"/> Add <u>Keep</u>
		<u>ESTERO, FL 33928</u>	<input type="checkbox"/> Remove
<u>Dir/VICE-PRESIDENT</u>	<u>ANDRES QUIROS</u>	<u>20133 WILLOW BEND CT</u>	<input type="checkbox"/> Add
		<u>ESTERO, FL 33928</u>	<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.

Gustavo A. Quiros President  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

GUSTAVO A. QUIROS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

FILING FEE \$35.00