F17000004282

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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02/09/24--01025--016 **35.00



February 22, 2024

JUNGKUN CENTOFANTI 551 NW 77TH STREET, SUITE 212 BOCA RATON, FL 33487

SUBJECT: WORTHY FINANCIAL, INC.

Ref. Number: F17000004282

We have received your document for WORTHY FINANCIAL, 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) 245-6050.

Letter Number: 024A00003972

Morgan E Lovett Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Worthy Financial,	Inc.				
DOCUMENT NO	JMBER: F17000004282					
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.				
Please return all co	orrespondence concerning this ma	tter to the following:				
	Jungkun Centofanti					
	Name of Contact Person					
	Worthy Financial, Inc.					
	Firm/ Company					
	551 NW 77th Street, Suite 212					
	Address					
	Boca Raton, FL 33487					
		City/ State and Zip Code	e			
	jang@worthy.us					
	E-mail address: (to be us	sed for future annual report	notification)			
For further inform	ation concerning this matter, plea	se call:				
Jungkun (Jang) Centofanti		at (561	288-8468			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee 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)

F	Document number of corporation as it appears on the record of)			
I de Ti	Document number of corporati	on (if known)		
Worthy tina	ncial, Inc.			
(Klame of corpora	ation as it appears on the record	ds of the Department of	State)	
Morida	3	Soplember	25,2017	
(Incorporated under laws of	of)	(Date authorized to	do business in Florida)
(4.7 CON	SECTION II MPLETE ONLY THE APPLI	CARLE CHANCES)		
		·	من دروو د د ردس	
If the amendment changes the name of the corp incorporation?	_		s of its jurisdiction of	
incorporation?				
(Name of corporation after the amendment, ac	dding outliv "parmaration " "ao	many " or "incorporate	vd " or appropriate abl	roviation
not contained in new name of the corporation))	mpany, or meorporate	си, от арргориате авт	neviation
(If new name is unavailable in Florida, enter al	Iternate corporate name adopte	d for the purpose of trar	isacting business in F	lorida)
. If the amendment changes the period of d	luration, indicate new period of	duration.		
The anticoment enanges one portion of a				
	(New duration)			
If the amendment changes the jurisdiction	n of incorporation, indicate nev	v jurisdiction.		
	(New jurisdiction)		
				; •
If amending the registered agent and/or reg		rida, enter t <u>he name o</u> t	<u>f the</u>	
new registered agent and/or the new register	ered office address:			
Name of New Registered Agent				
	(Florida street addres.	8)		
New Registered Office Address:		, Flor	rida	_
	(City)		rida(Zip Code)	
New Registered Agent's Signature, if chan	iging Registered Agent:			
I hereby accept the appointment as registered	l agent. I am familiar with and	l 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:

Title/ Capacity	<u>Name</u>	351 NW 17th Street, Sufe 212	e of Action
) irector	Daughes DeRosa	Boxa Raton FL 33487	MAdd
	O .		Remove
			□Add
			Remove
			□Add
			Remove
			Add
			_ C Remove
			□Add
			Remove
Attached is a of the application under the lay	1.6	evidencing the amendment, authenticated not mortary of State or other official having custody of corp	e than 90 days prior to delivery porate records in the jurisdiction
,	(Signature of a direct processor of other controls of the control	ctor, president or other officer - if in the hands of court appointed fiduciary, by that fiduciary)	
	(Typed or printed name of person signing)	(Title of person si	gning)

FILING FEE \$35.00