

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-5389

## From:

Account Name : SHERYL SECKEL HUNTER PA  
Account Number : I28200000028  
Phone : (813)867-2540  
Fax Number : (813)867-2641

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jromm@venueitize.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
VENUEITIZE, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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9/4/2020 11:27:52 AM PAGE 1/001 Fax Server



September 4, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KATELYN J. DOUGHERTY  
119 S. DAKOTA AVENUE  
TAMPA, FL 33606

SUBJECT: VENUETIZE, INC.  
REF: F19000000796

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN 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.

Rebekah White  
Regulatory Specialist II Supervisor

FAX Aud. #: H20000305170  
Letter Number: 820A00017013

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: VENUETIZE, INC.

DOCUMENT NUMBER: F19000000796

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

Please return all correspondence concerning this matter to the following:

Katelyn J. Dougherty

Name of Contact Person

Hunter Business Law

Firm/ Company

119 S. Dakota Avenue

Address

Tampa, FL 33606

City/ State and Zip Code

jromm@venueize.com

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

For further information concerning this matter, please call:

Katelyn J. Dougherty

at ( 813 ) 867-2640

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

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**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)**

F19000000796

(Document number of corporation (if known))

1. VENUETIZE, INC.

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

2. DELAWARE

(Incorporated under laws of)

3. 02/06/2019

(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 JONATHAN ROMM

\_\_\_\_\_  
(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.*

Jonathan Romm

Signature of New Registered Agent, if changing

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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>
COOS	KARRI ZAREMBA	3104 NORTH AMERICA AVENUE, #2 TAMPA, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CFOT	BROOKE EVANS	3104 NORTH AMERICA AVENUE, #2 TAMPA, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP, HR/ADMIN S	JANE WILKERSON	3104 NORTH AMERICA AVENUE, #2 TAMPA, FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CFO	JONATHAN ROMM	3104 NORTH AMERICA AVENUE, #2 TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <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

Jonathan Romm

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

Jonathan Romm

(Typed or printed name of person signing)

CEO

(Title of person signing)

**FILING FEE \$35.00**

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