

F19 0000000892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 867169 8325627

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : August 5, 2022

ORDER TIME : 4:54 PM

ORDER NO. : 867169-100

CUSTOMER NO: 8325627

FOREIGN FILINGS

NAME: ASAP OF FLORIDA INC.

☒ CORPORATE  
☐ LIMITED PARTNERSHIP  
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **ASAP OF FLORIDA INC.**

Name of Corporation

DOCUMENT NUMBER: **F19000000892**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at ( )

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

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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)**

F19000000892

(Document number of corporation (if known))

1. ASAP OF FLORIDA INC.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 02/11/2019  
(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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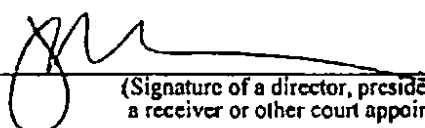
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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FL

Title/ Capacity                      Name                      Address                      Type of Action

_____	See Attachment.	_____	<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.

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

Jennifer Tenenbaum  
\_\_\_\_\_  
(Typed or printed name of person signing)

Assistant Secretary  
\_\_\_\_\_  
(Title of person signing)

FILING FEE \$35.00

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CLERK OF SUPERIOR COURT  
JENNIFER TENENBAUM

To be amended:

CEO/Director – Carl Grimstad - 214 Jefferson St. Suite 200, Lafayette, LA 70501

CFO/Director – Amen Yeghyazarinas - 214 Jefferson St. Suite 200, Lafayette, LA 70501

Secretary – Thomas Pritchard - 214 Jefferson St. Suite 200, Lafayette, LA 70501

To be added:

Assistant Secretary – Jennifer Tenenbaum - 214 Jefferson St. Suite 200, Lafayette, LA 70501

To be removed:

Leo Bogdanov

Pouyan Salehi

William Gray Stream

Rusty Holzer

Buddy Ortale

Swteven L. Scheinthal

Jonathan Green

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CLERK OF COURT  
JAS. STREIBER  
CLERK OF COURT