

F19000002818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

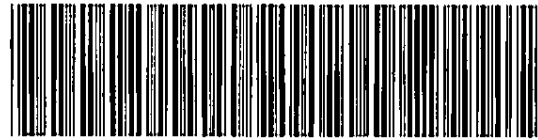
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMEXEMNU CITY STATE, INC.

Name of Corporation

DOCUMENT NUMBER: F19000002818

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anu Tafari Zion El

Name of Contact Person

AMEXEMNU CITY STATE, INC.

Firm/Company

37 N. ORANGE AVE. SUITE 500

Address

ORLANDO, FL 32801

City/State and Zip Code

info@amexemnu.city

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

For further information concerning this matter, please call:

Anu Tafari Zion El

at (407) 906 - 1381

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
AMEXEMNU CITY STATE, INC.
2. This entity was authorized to transact business in Florida on 06/17/2019 and its Florida document number is F19000002818
3. This corporation was formed under the laws of State of Illinois
4. The name and address of each officer and/or director is as follows:

Title:

C

Name and Address

ZION EL. ANU TAFARI

37 N. ORANGE AVE. SUITE 500

ORLANDO, FL 32801

VC

BEY, DAWUD ALLANTU

37 N. ORANGE AVE. SUITE 500

ORLANDO, FL 32801

D

DANIEL EL. AMADI NEGASH

37 N. ORANGE AVE. SUITE 500

ORLANDO, FL 32801

D

AL HAKEEM EL. GEYSI EYOTA

37 N. ORANGE AVE. SUITE 500

ORLANDO, FL 32801

(Attach additional pages if necessary)

Anu Tafari Zion El

Signature of an officer or director

Anu Tafari Zion El

Typed or printed name of person signing

C

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

Attach additional sheets, if necessary:

Updating the following below:

1. Removal of Kendi Narmer PakeyBey

2.

3.

4.

5.