

# F19000004251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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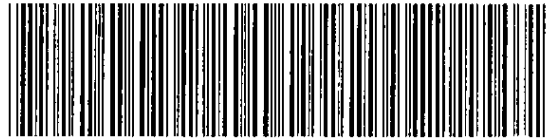
(Business Entity Name)

(Document Number)

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2023 JUL -6 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend*

AUG 15 2023

D CUSHING

**COVER LETTER:**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** COSTANERAS 3B, S.A.CORP.

Name of Corporation

**DOCUMENT NUMBER:** F19000004251

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STARLENE C. CHEESEMAN

Name of Contact Person

Firm/Company

3960 A1A SOUTH, #912

Address

ST. AUGUSTINE, FL 32080

City/State and Zip Code

tzvecl68@gmail.com

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

For further information concerning this matter, please call:

STARLENE C. CHEESEMAN

at ( 904 ) 437-7634

Name of Contact Person

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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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)**

F19000004251

\_\_\_\_\_  
(Document number of corporation (if known))

1. COSTANERAS 3B, S.A.CORP.  
(Name of corporation as it appears on the records of the Department of State)
2. REPUBLIC OF PANAMA 3. SEPTEMBER 17, 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? N/A
5. N/A  
(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 STARLENE C. CHEESEMAN as Personal Representative  
3960 A1A SOUTH, #912 , of Robert Jason Martin Estate  
(Florida street address)

New Registered Office Address: ST. AUGUSTINE, Florida 32080  
(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

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TALLAHASSEE, FL

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>
C / P	STARLENE C. CHEESEMAN , <i>as personal representative of Robert Jason Martin Estate</i>	3960 A1A SOUTH, #912 ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
C	ROBERT JASON MARTIN	1704 WINDJAMMER LANE ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VC	SYLVIA MARTIN-MCGINNIS <i>A/K/A Sylvia Martin- McGinnis</i>	1704 WINDJAMMER LANE ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	ROXANNE MOORE	1704 WINDJAMMER LANE ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Add <input checked="" 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)

Starlene C. Cheeseman

(Typed or printed name of person signing)

Personal Representative of

(Title of person signing)

Robert Jason Martin Estate

FILING FEE \$35.00