

F19 000004859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

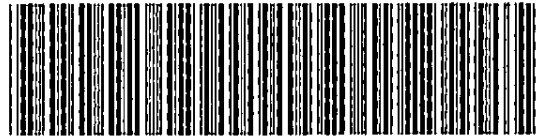
(Business Entity Name)

(Document Number)

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*Amad*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2020

LUIZ BATALHA  
MODEL R, INC.  
4866 TRIBUTE TRL  
KISSIMMEE, FL 34746

SUBJECT: MODEL R, INC.  
Ref. Number: F19000004859

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 520A00018022

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** MODELR, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F19000004859

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luiz Batalha

\_\_\_\_\_  
Name of Contact Person

MODELR, INC.

\_\_\_\_\_  
Firm/Company

7648 Pointe Venezia Drive

\_\_\_\_\_  
Address

Orlando, FL. 32836

\_\_\_\_\_  
City/State and Zip Code

Dennis@modelr.co

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

For further information concerning this matter, please call:

Dennis Chui

at ( +1 647 ) 706-5491

\_\_\_\_\_  
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

**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)**

F19000004859

(Document number of corporation (if known))

MODEL R, INC.

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

DELAWARE, USA

3. OCTOBER 16, 2019

(Incorporated under laws of)

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A

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)

If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

**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 Luiz Batalha

7648 Pointe Venezia Drive

(Florida street address)

New Registered Office Address: Orlando, Florida 32836

(City)

(Zip Code)

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

<u>Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Luiz Batalha	7648 Pointe Venezia Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove
	Henry Wong	1291 Squire Drive	<input checked="" type="checkbox"/> Add
		Manotick, Ontario, Canada. K4M 1B8	<input type="checkbox"/> Remove
adding manager	Brenda Schuyler	515 Village Pl	<input type="checkbox"/> Add
		Davenport, FL 33896	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Shed is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery  
e application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction  
r 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)

ANDREW LENJOSEK

(Typed or printed name of person signing)

CHAIRMAN AND PRESIDENT

(Title of person signing)

**FILING FEE \$35.00**