

F2000000475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

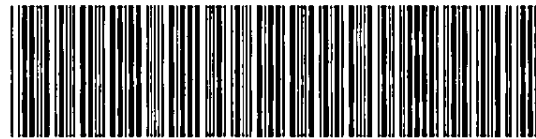
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAY -5 AM 10:47

Amend

MAY 21 2020
D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MERMAID BLISS INC.

Name of Corporation

DOCUMENT NUMBER: F20000000475

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMILIO MARTINEZ

Name of Contact Person

ALVAREZ & MARSAL TAXAND, LLC

Firm/Company

600 BRICKELL AVENUE, SUITE 2950

Address

MIAMI, FL, 33131

City/State and Zip Code

emartinez@alvarezandmarsal.com

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

For further information concerning this matter, please call:

EMILIO MARTINEZ

at (954) 218-4406

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

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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)

F20000000475

(Document number of corporation (if known))

1. MERMAID BLISS INC.
(Name of corporation as it appears on the records of the Department of State)
2. DELAWARE 3. 01/14/2020
(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 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 _____

(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.

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>
DIRECTOR	SERGIO ZULUAGA RODAS	VDA CHACHAFRUTO ZONA FRANCA BODEGA 229	<input checked="" type="checkbox"/> Add
		MEDELLIN 05615 COLOMBIA	<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.

Jose Ignacio Soto V

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

JOSÉ IGNACIO SOTO VELEZ

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

FILING FEE \$35.00

State of Delaware

Amended Annual Franchise Tax Report

CORPORATION NAME			TAX YR.
MERMAID BLISS INC.			2019
FILE NUMBER	INCORPORATION DATE	RENEWAL/REVOCATION DATE	
7271111	2019/02/06		
PRINCIPAL PLACE OF BUSINESS			PHONE NUMBER
80 SW 8TH STREET, SUITE 2900 MIAMI, FL 33130			(305)704-6700
REGISTERED AGENT			AGENT NUMBER
THE CORPORATION TRUST COMPANY CORPORATION TRUST CENTER 1209 ORANGE ST WILMINGTON DE 19801			9000010
AUTHORIZED STOCK BEGIN DATE	END DATE	DESIGNATION/ STOCK CLASS	NO. OF SHARES PAR VALUE/ SHARE
2019/02/06		COMMON	100 1.0000000000
OFFICER	NAME	STREET/CITY/STATE/ZIP	TITLE
JOSE	IGNACIO SOTO VELEZ	VDA CHACHAFRUTO ZONA FRANCA BODEGA 229 MEDELLIN 05615 CO	CHAIRMAN
DIRECTORS	NAME	STREET/CITY/STATE/ZIP	
JOSE	IGNACIO SOTO VELEZ	VDA CHACHAFRUTO ZONA FRANCA BODEGA 229 MEDELLIN 05615 CO	
	SERGIO ZULUAGA RODAS	VDA CHACHAFRUTO ZONA FRANCA BODEGA 229 MEDELLIN 05615 CO	
<p><i>NOTICE: Pursuant to 8 Del. C. 502(b), If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury.</i></p>			
AUTHORIZED BY (OFFICER, DIRECTOR OR INCORPORATOR)		DATE	TITLE
JOSE IGNACIO SOTO VELEZ		2020/04/22	CHAIRMAN
VDA CHACHAFRUTO ZONA FRANCA BODEGA 229 MEDELLIN , 05615 CO			

