

FRONT COVER

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☐ PICK-UP

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(Business Entity Name)

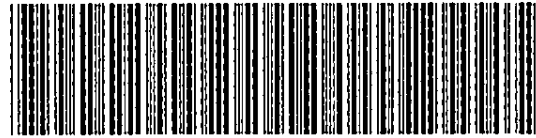
(Document Number)

Certified Copies _____

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Award



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2020

INGRID FRANCO
SV & BA CONSULTANTS CORP
101 SW 36TH COURT SUITE 203
MIAMI, FL 33135

SUBJECT: SCAFFOLD DEVELOPMENT TOOL CORP
Ref. Number: F20000002037

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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: 220A00020008

Rec 11/2/20

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SCAFFOLD DEVELOPMENT TOOL CORP

Name of Corporation

DOCUMENT NUMBER: F20000002037

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

INGRID FRANCO

Name of Contact Person

SV & BA CONSULTANTS CORP

Firm/Company

101 SW 36TH COURT SUITE 203

Address

MIAMI FL 33135

City/State and Zip Code

SVBACORP@GMAIL.COM

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

For further information concerning this matter, please call:

INGRID FRANCO

at (786) 488-6795

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)

F20000002037

(Document number of corporation (if known))

1. SCAFFOLD DEVELOPMENT TOOL CORP

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

2. COLOMBIA

(Incorporated under laws of)

3. 04/30/2020

(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)

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 INGRID FRANCO

101 SW 36TH COURT SUITE 203 MIAMI FL 33135

(Florida street address)

New Registered Office Address: 101 SW 36TH COURT SUITE 203 MIAMI, Florida 33135

(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.

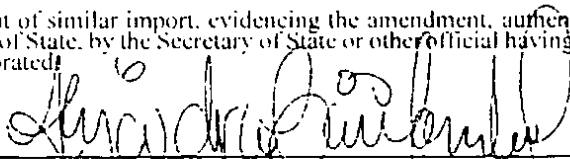
Signature of New Registered Agent, if changing

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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>
	RYAN OWEN	3314 CALCUTTA AVORLANDO, FL 32817	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
	ALEJANDRA GAVIRIA	CRA 57 #99A-65	<input checked="" 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

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 or in the hands of
a receiver or other court appointed fiduciary, by that fiduciary)

ALEJANDRA GAVIRIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35.00