

F200000279969

8/19/2020
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6388

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ARICHARDS@Shumaker.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN NOACHIS TERRA INC.

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August 19, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NOACHIS TERRA INC.
747 SW 2ND AVE IMB#15
GAINESVILLE, FL 32608US

SUBJECT: NOACHIS TERRA INC.
REF: F20000002050

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Because of the recent statute change this form is now obsolete. You would now just need to file the Amended Application for a foreign profit corporation.

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.

Rebekah White FAX Aud. #: H20000279969
Regulatory Specialist II Supervisor Letter Number: 020A00015753

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Nonchis Terra Inc.

Name of Corporation

DOCUMENT NUMBER: F20000002050

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Richards

Name of Contact Person

Stumaker, Loop & Kendrick, LLP

Firm/Company

101 East Kennedy Blvd. Suite 2800

Address

Tampa, Florida 33602

City/State and Zip Code

arichards@stumaker.com

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

For further information concerning this matter, please call:

April Richards

813

227-2355

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 CopyMailing Address:Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street 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)

F20000002050

(Document number of corporation (if known))

1. Noachis Tens Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 4/30/2020
(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 Mark A. Catchur

101 East Kennedy Blvd. Suite 2800

(Florida street address)

New Registered Office Address: Tampa, Florida 33602
(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 (*), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Joseph Hernandez	15 E PUTNAM AVE STE 363 GREENWICH, CT 06830	☐ Add ☒ Remove
P/S/T	Joseph Hernandez	15 E PUTNAM AVE STE 363 GREENWICH, CT 06830	☐ Add ☒ Remove
Director	Frederick Telling	4902 Eisenhower Blvd Suite 125 Tampa, Florida 33634	☒ Add ☐ Remove
P	Alan Joslyn	4902 Eisenhower Blvd Suite 125 Tampa, Florida 33634	☒ Add ☐ Remove
S/T	Michael Sullivan	4902 Eisenhower Blvd Suite 125 Tampa, Florida 33634	☒ Add ☐ 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)

Michael Sullivan

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

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