

F20000002055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

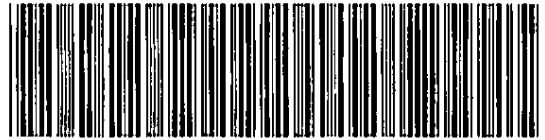
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**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** CORE SOFT CORP

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

**DOCUMENT NUMBER:** F20000002055

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

BRICKELL ACCOUNTING INC

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

101 SE 36TH COURT SUITE 203

\_\_\_\_\_  
Address

MIAMI FL 33135

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

INGRID@BRICKELLACCOUNTING.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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee



2021 SEP 23 AM 11:13

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2021

INGRID FRANCO  
BRICKELL ACCOUNTING INC  
101 SW 36TH COURT - STE. 203  
MIAMI, FL 33135

SUBJECT: CORE SOFT CORP  
Ref Number: F20000002055

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

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 221A00020205

**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)**

F20000002055

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

1. CORE SOFT 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)

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>
P	ANDRES F. TOBON	cra 57 #99a-65 Edificio Torres del Atlánticoof	<input type="checkbox"/> Add
		BARRANQUILLA, ATLANTICO 00000000 C	<input checked="" type="checkbox"/> Remove
P	INGRID FRANCO	101 SW 36TH COURT S.203	<input checked="" type="checkbox"/> Add
		MIAMI FL 33135	<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.

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

INGRID FRANCO

(Typed or printed name of person signing)

President

(Title of person signing)