

8/30/2021

Division of Corporations

F21000000180

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

(((H21000323249 3)))

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SHERYL SECKEL HUNTER PA
Account Number : 120200000028
Phone : (813)867-2640
Fax Number : (813)867-2641

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
WWSG TRAVEL, INC.**

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SEP 01 2021

S. PRATHER

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: WWSG TRAVEL, INC.

Name of Corporation

DOCUMENT NUMBER: F21000000180

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katelyn Dougherty

Name of Contact Person

Hunter Business Law

Firm/Company

119 S. Dakota Ave

Address

Tampa, FL 33606

City/State and Zip Code

annualreports@hunterbusinesslaw.com

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

For further information concerning this matter, please call.

Katelyn Dougherty

at (813) 867-2640

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

(((H21000323249 3)))

PROFIT CORPORATION

(((H21000323249 3)))

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)

F21000000180

(Document number of corporation (if known))

1. WWSG TRAVEL, INC.

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

2. DELAWARE

(Incorporated under laws of)

3. 01/08/2021

(Date authorized to do business in Florida)

FILED

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STATE OF 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>
D, S, CEO	MONTECALVO, MUIRGHEAL	10250 TARPON DR.	<input checked="" type="checkbox"/> Add
		TREASURE ISLAND, FL 33706	<input type="checkbox"/> Remove
PS	SCHNEIDER, RYAN	10250 TARPON DR.	<input type="checkbox"/> Add
		TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Remove
D	NACHTRAB, MATTHEW	10250 TARPON DR.	<input type="checkbox"/> Add
		TREASURE ISLAND, FL 33706	<input checked="" 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.

Muirgheal Montecalvo

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

Muirgheal Montecalvo

(Typed or printed name of person signing)

Director, Secretary, and CEO

(Title of person signing)

FILING FEE \$35.00

FILED

2021 AUG 31 AM 10:58

DEPT. OF STATE

TALLAHASSEE, FLORIDA

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