

F210000001116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

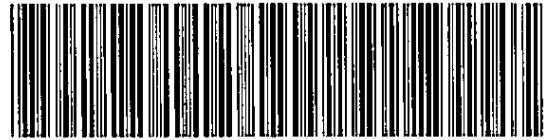
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Amend

05/21/21--01026--024 **35.00

2021 AUG -6 AM 10:48
SECRETARY OF STATE
OFFICE OF THE CLERK

FILED

AUG 09 2021

A RAMSEY

\$ 00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2021

ROSS GREENBERG
GREENBERG LAW GROUP PA
2883 EXECUTIVE PARK DRIVE, SUITE 200
WESTON, FL 33331 US

SUBJECT: KARCHER, INC.
Ref. Number: F21000001116

We have received your document for KARCHER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a Florida profit corporation and your entity is a foreign (out of state) profit corporation. I have enclosed the correct form for your convenience.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 921A00015359

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RECEIVED

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Karcher, Inc.
Name of Corporation

DOCUMENT NUMBER: F21000001116

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ross M. Greenberg
Name of Contact Person

Greenberg Law Group PA
Firm/Company

2883 Executive Park Drive, Suite 200
Address

Weston Florida 33331
City/State and Zip Code

ross@greenberglawgrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ross M. Greenberg at (954) 659-8300
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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)

F21000001116

(Document number of corporation (if known))

1. Karcher, Inc.

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

2. Delaware

(Incorporated under laws of)

3. February 22, 2021

(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.

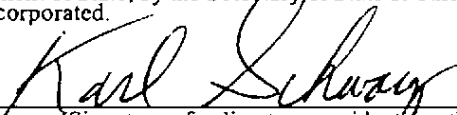
Signature of New Registered Agent, if changing

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SECRETARY OF STATE

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>
<u>P</u>	<u>Karl Schwarz</u>	<u>10161 Blue Palm Street</u>	<input type="checkbox"/> Add
		<u>Plantation, Florida 33324</u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Karl Schwarz</u>	<u>10161 Blue Palm Street</u>	<input checked="" type="checkbox"/> Add
		<u>Plantation, Florida 33324</u>	<input type="checkbox"/> Remove
<u>P</u>	<u>Shauna Schwarz</u>	<u>10161 Blue Palm Street</u>	<input checked="" type="checkbox"/> Add
		<u>Plantation, Florida 33324</u>	<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)

Karl Schwarz

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE \$35.00