

F21 00000 1410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

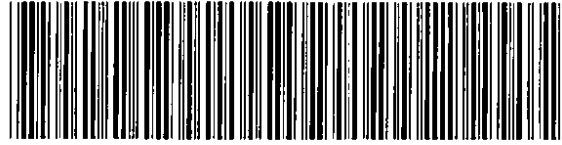
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2023 OCT 24, AM 11:33

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[Handwritten signature]



Augusto Perera, P.A.
Intellectual Property, Business & Legal Affairs

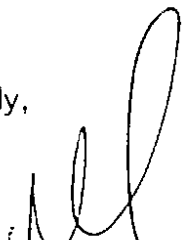
October 18, 2023

Department of State
Division of Corporations
Attn: Tammi Cline
Supervisor
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Ref. Letter No. 323A00021382 **GOLD DATA USA INC.**

Enclosed please find the corrected form duly executed.

Sincerely,



Augusto Perera, Esq.

2023 OCT 24 PM 11:33

Enc. Application



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2023

AUGUSTO PERERA, ESQ.
121 ALHAMBRA PLAZA, SUITE 1500
CORAL GABLES, FL 33134

SUBJECT: GOLD DATA USA INC.
Ref. Number: F21000001410

We have received your document for GOLD DATA USA 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 affidavit by foreign corporation to change officers can only be filed during the first calendar year of qualification. To change the officers you will need to file the amendment form.

We are enclosing the proper form(s) with instructions 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) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 323A00021382

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7:16:10

CONFIDENTIAL

TO: Amendment Section Division of Corporations

SUBJECT: GOLD DATA USA INC.

Name of Corporation

DOCUMENT NUMBER: 121009001410

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Augusto Perera, Esq.

Name of Contact Person

Augusto Perera, P.A.

Firm/Company

121 Alhambra Plaza, Suite 1500,

Address

Coral Gables, FL 33134

City/State and Zip Code

iduarte@ilpsa.com

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

For further information concerning this matter, please call.

Augusto Perera, Esq.

605 4891901

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input 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

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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)

F21000001410

(Document number of corporation (if known))

1. _____
(Name of corporation as it appears on the records of the Department of State)
2. F21000001410 _____ 3. 02/16/2021 _____
(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? N/A _____
5. N/A _____
(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.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(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>
Treasurer	VANEGAS, RAFAEL	14093 NW 8 ST SUNRISE, FL 33325	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Secretary	AXAEL ARTEAGA	14093 NW 8 ST SUNRISE, FL 33325	<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

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Filing

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)

TRADARDI, RENATO

PRESIDENT

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00