

F210000003490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

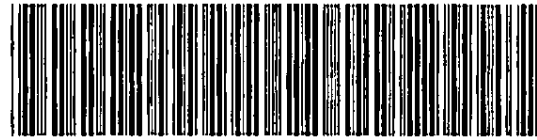
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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000381830340

Amend

[illegible]

FILED

2022 APR -7 AM 11:07

A. RAMSEY  
APR 11 2022

A. RAMSEY  
APR 11

~~00789, 00524, 00671~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 APR -7 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FL

February 24, 2022

BETTY ROSE  
PALM BEACH MODELS INC  
7300 SW 35TH WAY  
GAINESVILLE, FL 32608 US

SUBJECT: PB MODELS INC.  
Ref. Number: F21000003490

We have received your document for PB MODELS INC. and your check(s) totaling \$52.50. 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) corporation. I have enclosed the correct form.

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: 622A00004612

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** PB Models Inc

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

**DOCUMENT NUMBER:** F21000003490

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Betty Rose

\_\_\_\_\_  
Name of Contact Person

PB Models Inc.

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

7300 SW 35th Way

\_\_\_\_\_  
Address

Gainesville, FL 32608

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

operations@pbmodelsinc.com

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

For further information concerning this matter, please call:

Betty Rose

at ( 301 ) 305-0837

\_\_\_\_\_  
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

XX \$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

FILED  
2022 APR -7 AM 11:07  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
Miami, Florida

## F21000003490

1 PB Models Inc.

Delaware

06/11/2021

(Date authorized to do business in Florida)

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

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* N/A

N/A

(Florida street address)

*New Registered Office Address:* N/A

(Civ)

Florida

(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

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>
COF	Melissa Hornung	1296 Rowayton Cir	<input type="checkbox"/> Add
		Wellington, FL 33414	<input checked="" 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
			<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)

Joseph Hernandez

(Typed or printed name of person signing)

Chairman

(Title of person signing)

**FILING FEE \$35.00**