

F21 0000003724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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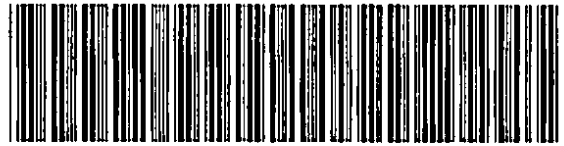
(Business Entity Name)

(Document Number)

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2021 DEC -6 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

JAN 04 2022  
D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MEDICA SCIENTIA INNOVATION RESEARCH CORPORATION

Name of Corporation

DOCUMENT NUMBER: F21000003724

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTA GARCIA

Name of Contact Person

RC LAW LLP

Firm/Company

175 SW 7TH STREET, SUITE 1712

Address

MIAMI, FLORIDA 33130

City/State and Zip Code

marta.garcia@rclawllp.net

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

For further information concerning this matter, please call:

MARTA GARCIA

at ( 786 ) 5988007

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

SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 DEC -6 PM 12:00

FILED

**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)**

F21000003724

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

1. MEDICA SCIENTIA INNOVATION RESEARCH CORPORATION

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

2. DELAWARE

\_\_\_\_\_  
(Incorporated under laws of)

3. 06/30/2021

\_\_\_\_\_  
(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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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>
T	Elvira Nieto	201 MONTGOMERY ST STE 263	<input checked="" type="checkbox"/> Add
		JERSEY CITY, NJ 07302	<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
			<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)

XAVIER RUIZ

SECRETARY

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**