

F21000004316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

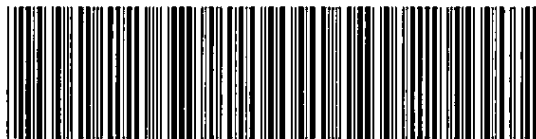
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 13 PM 1:43

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

2021 SEP 13 PM 3:35

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Anund

SEP 17 2021

I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 996628 4319480

AUTHORIZATION : *Spurlock*

COST LIMIT : \$ 43.75

ORDER DATE : September 13, 2021

ORDER TIME : 2:58 PM

ORDER NO. : 996628-005

CUSTOMER NO: 4319480

AMENDMENT FILING

NAME: TIME EQUITIES, INC.

XX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned - Ext. 61594

EXAMINER'S INITIALS:

Ca



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2021

CSC

SUBJECT: TIME EQUITIES, INC.
Ref. Number: F21000004316

RESUBMIT
Please give original
submission date as file date.

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

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.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 421A00022084

RECEIVED

2021 SEP 16 AM 11:30

SECRETARY OF S.M.
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Time Equities, Inc.

Name of Corporation

DOCUMENT NUMBER: F21000004316 (Application Number 1393033, Profession 2502)

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emily Sappol

Name of Contact Person

c/o Time Equities, Inc.

Firm/Company

55 Fifth Avenue, 15th Floor

Address

New York, NY 10003

City/State and Zip Code

esappol@timeequities.com

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

For further information concerning this matter, please call:

Emily Sappol

Name of Contact Person

at (212) 206-6063

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

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)

F21000004316

(Document number of corporation (if known))

FILED
2021 SEP 13 PM 1:43

1. Time Equities, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. New York 3. July 30, 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? _____
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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:
Add Maria Carolina Vargas Cuellar as Vice President

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Vice President	Maria Carolina Vargas Cuellar	55 Fifth Avenue, 15th Floor	<input checked="" type="checkbox"/> Add
		New York, New York 10003	<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)

Philip Brody

Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00