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(((H23000398058 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN LENDIA INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

Fax: 8134365206

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 1 (1-3 MUST BE COMPLETED)

F22000001589

1)	Document number of corp	oration (if known)	
Lendia Inc			
(Name of corpora	ation as it appears on the re	cords of the Department of Si	tate)
	1	03/16/22	
(Incorporated under laws o	U .	03/16/22 (Date authorized to do	business in Florida)
	SECTION		
(4-7 COM		PPLICABLE CHANGES)	
If the amendment changes the name of the corp incorporation?		•	fits jurisdiction of
i.			
(Name of corporation after the amendment, ad not contained in new name of the corporation)	ding suffix "corporation."	"company," or "incorporated,	" or appropriate abbreviation.
(If new name is unavailable in Florida, enter alt	ernate corporate name ad-	opted for the purpose of transa	cting business in Ferida)
6. If the amendment changes the period of de	iration, indicate new perio	od of duration.	-5 AHII
	(New durati	on)	AHII: 37
7. If the amendment changes the jurisdiction	of incorporation, indicate	new jurisdiction.	
	(New jurisdie	tion)	Marine.
S. If amending the registered agent and/or reg new registered agent and/or the new register Name of New Registered Agent	red office address:	Florida, enter the name of th	
			
	(Florida street add		
New Registered Office Address:		. Florida	1
	(City)		(Zip Code)
New Registered Agent's Signature, if chang	ing Registered Agent		
Thereby accept the appointment as registered	agent. Lam 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:

Title/ Capacity	Name	Address	Type of Action
President	Ramez Malki	7901 4th St N STE 300	
		St. Petersburg, FL 33702	E Remove
Secretary	Ramez Malki	7901 4th St N STE 300	
		St. Petersburg, FL 33702	Remove
Treasurer	Ramez Malki	7901 4th St N STE 300	2023 DEC
		St. Petersburg, FL 33702	Remove H
Director	Ramez Malki	7901 4th St N STE 300	
		St. Petersburg, FL 33702	■Remove
PSTD	Malki, Ramez	1907 Millwood St	⊠Add
		Santa Ana CA 92705	□ Remove
10. Attached is a of the applica under the law	certificate or document of sir tion to the Department of State is of which it is incorporated.	nilar import, evidencing the amendment, authentica by the Secretary of State or other official having cu	
		Ramez Malki	
-	(Signa a rece	ture of a director, president or other officer - if in the	ne hands of ciary)
R	amez Malki	Direc	tor
	(Typed or printed name of pe	erson signing) (Title	of person signing)

FILING FEE \$35.00

We are updating the principal address to: 1907 Millwood Street Santa Ana CA 92705

To 18506176380

We are updating the mailing address to: 1907 Millwood Street Santa Ana CA 92705

2023 DEC -5 AM II: 37