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COVER LETTER ⁺

TO: Amendment Section Division of Corporations

ALOQUA GMS INC.

Name of Corporation

DOCUMENT NUMBER: F22000001938

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Calderon

Name of Contact Person

ALOQUA GMS INC.

Firm/Company

400 SW 107TH AVE, 5TH FL

Address

MIAMI FL, FL 33174

City/State and Zip Code

aloquagmsine@gmail.com

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

For further information concerning this matter, please call:

Alexander Calderon Name of Contact Person		786 at (673-6838	
			de & Daytime	Telephone Number
Enclosed is a chect	k for the following amount:			
Gr\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 F Certified Co	-	□ \$52.50 Filing Fee. Certificate of Status

Certificate of Status & Certified Copy

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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)

F2	2000001938			
	(Document num)	ber of corporation (if kr	nown)	ζ.
ALOQUA GMS INC.				202
(Name c	of corporation as it appea			AP
2. New York		3.03/08/2022	e authorized to do busine	ROTT
(Incorporated une	ier laws of)	(Date	e authorized to do busine	
		SECTION II		AH IO:
(4-7 COMPLETE ONL	Y THE APPLICABLE	E CHANGES)	ō, E
4. If the amendment changes the name of incorporation?			l under the laws of its jut	risdiction of
5. (Name of corporation after the amene not contained in new name of the cor	dment, adding suffix "cor poration)	rporation." "company,"	or "incorporated," or ap	propriate abbreviation, i
(If new name is unavailable in Florida	, enter alternate corporat	te name adopted for the	purpose of transacting b	ousiness in Florida)
6. If the amendment changes the pe	eriod of duration, indicate	e new period of duratio	n.	
-	(1	New duration)		
7. If the amendment changes the ju	risdiction of incorporatio	on, indicate new jurisdi	ction.	
	(N	ew jurisdiction)		
8. If amending the registered agent a			ter the name of the	
new registered agent and/or the ne		ress:		
Name of New Registered Agent	Alexander Calderon			
	400 SW 107TH AVE, :	5TH FL		
	(Florid	a street address)		
<u>New Registered Office Address</u> :	IIAMI		, Florida	`
		(City)	(Zi)	p Code)
New Registered Agent's Signature	e, if changing Registered	d Agent:		
<i>I hereby accept the appointment as r</i>	egistered agent. I am fa	miliar with and accept	the obligations of the po	osition.
A_ C	alderon		_	
Signature of New 1	Registered Agent, if chan	iging		

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
PRES	Alexander Calderon	400 SW 107TH AVE, 5TH FL	∏∧ ðd
		MIAMI FL, FL 33174	Remove
PRES	LARKOOF, BENNY	400 SW 107TH AVE, 5TH FL	Add
		MIAMI FL, FL 33174	
			Add CREmove CORPURATION
			🖂 🔁
			CRemove
			🗖 Add
			Remove

). 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.

A Cald	
(Signature of a director, presid a receiver or other court appoi	ent or other officer - if in the hands of need fiduciary, by that fiduciary)
Alexander Calderon	President

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00