Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000359977 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

2122 Ot. 2.U

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012

Phone : (954)659-8835

Fax Number

: (954)301-0417

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

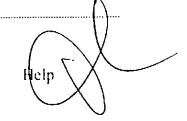
Email Address:_

corprecords@gbsgroup.net

COR AMND/RESTATE/CORRECT OR O/D RESIGN CAFE SAMBAL C.A., CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



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)

F220000	003952				
	(Document number of corporation (i	f known)			
CAFE SAMBAL C.A., CORP					
(Name of corpo	oration as it appears on the records of	the Department of Sta	ate)		
VENEZUELA	3. 06/23/20	022			
(Incorporated under laws	s of) (E	Date authorized to do	business in Flor	rida)	
: (4-7 CO	SECTION II MPLETE ONLY THE APPLICAE	BLE CHANGES)			
If the amendment changes the name of the co	moration, when was the change effect	ted under the laws of	its inrisdiction	of ~ >	
incorporation?			:	022	
			٠-	.30	3 5
(Name of corporation after the amendment, a	olding suffix "comparation " "compan	, 0 as 47 as a sec. Th			
not contained in new name of the corporation	oding surrix corporation, company	y, or incorporated,	or appropriate		ın,
				æ	5 I
(If new name is unavailable in Florida, enter a	alternate corporate name adopted for t	the purpose of transac	ting business it	- <u>⊐:</u> n F <u>lo</u> gida)	;=
16 the sime described to the control of			<u> </u>	ان	7
If the amendment changes the period of	duration, indicate new period of dura	tion,	-	7	
	(New duration)				
	(I.en dualion)				
. If the amendment changes the jurisdictio	on of incomposition, indicate new juris	diction			
•					
	(New jurisdiction)		-		
	(<i>junication</i>				
If amending the registered agent and/or re	uintannad affica adda anta Filo III				
new registered agent and/or the new regist	gistered office address in Piorida, e ered office address:	nter the name of the	<u>'-</u>		
					
Name of New Registered Agent					
	(Florida street uddress)				
	(1 tortuu sireet uuuress)				
New Registered Office Address:	(O)	, Florida_		_	
•	(Ciŋy		(Zip Code)		
New Registered Agent's Signature, if chan	ging Registered Agent:				
I hereby accept the appointment as registered	l agent. I am familiar with and accep	ot the obligations of th	te position.		
Signature of New Registere	d Agent, if changing				

;

Title/ Capacity	Name	Address	Type of Action
D	YOSSEF SOLEMAN	288 FAIRWAY CIRCLE, WESTON	
		EL OBID 3 22224	_
		FLORIDA, 33326	Remove
-			Remove
	-		
			20
	•		Remove
			DAdd
			Remove
Attached is a of the applicat under the law:	certificate or document of similar implies to the Department of State, by the set of which it is incorporated.	oort, evidencing the amendment, authenticated no Secretary of State or other official having custody	of more than 90 days prior to define of corporate records in the jurisdic
	·	Empartural	
	(Signature of a	director, president or other officer - if in the hand ther court appointed fiduciary, by that fiduciary)	65 Of

FILING FEE \$35.00