

F220000006234

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

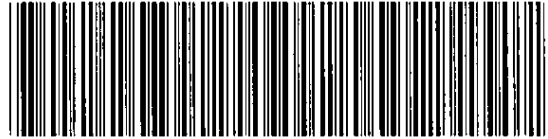
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/06/23--01012--027 \*\*35.00

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2023

JUAN A FIGUEROA  
999 PONCE DE LEON BLVD  
STE 525  
CORAL GABLES, FL 33134

SUBJECT: COVENCA GRUPO SL CORP  
Ref. Number: F22000006234

We have received your document for COVENCA GRUPO SL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Foreign Profit Corporation. Please complete and return the enclosed blank form(s).

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.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 523A00022207

SEP 26 10:11:24

SEP 26 2023

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: COVENIA GRUPO SL CORP.

DOCUMENT NUMBER: 12000006234

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN A. FIVERORA  
Name of Contact Person

JUAN A. FIVERORA, P.A. CERTIFIED PUBLIC ACCOUNTANT  
Firm/Company

999 PONCE DE LEON BLVD SE 525  
Address

CORRAL GABLES, FL 33134  
City/State and Zip Code

CARMEN@JAF CPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN A. FIVERORA at (305) 448-5844  
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

2003 JUN 10 11:26

**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)**

- 12000006234  
(Document number of corporation (if known))
1. Covena Group SC Corp.  
(Name of corporation as it appears on the records of the Department of State)
2. FLORIDA 3. 10-06-2022  
(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? N/A
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.

N/A  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A  
(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

JUAN A. FLOREDA P.A. Certified Public Accountant  
999 PONCE DE LEON BLVD. STE. 525

(Florida street address)

New Registered Office Address:

CONRA GABLES

(City)

Florida

33134

(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.

X  
\_\_\_\_\_  
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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<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)

Beatriz Rodriguez Vega

(Typed or printed name of person signing)

DIR

(Title of person signing)

FILING FEE \$35.00