

F23 000001673

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN ART MED TRANS, INC.

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

2023 APR 11 PM 4:30

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ART MED TRANS, INC.

Name of Corporation

DOCUMENT NUMBER: F23000001673

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DE SOTO, ALEXANDER

Name of Contact Person

ART MED TRANS, INC.

Firm/Company

1001 N FEDERAL HWY, STE 234

Address

HALLANDALE, FL 33009

City/State and Zip Code

G19781211@ICLOUD.COM

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

For further information concerning this matter, please call:

DE SOTO, ALEXANDER

at (954) 488-4321

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

6-13-11 11:02

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)

F23000001673

(Document number of corporation (if known))

1. ART MED TRANS, INC.
(Name of corporation as it appears on the records of the Department of State)
2. CA 3. 03/22/2023
(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 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:

1001 N FEDERAL HWY, STE 234

(Florida street address)

New Registered Office Address: HALLANDALE, Florida 33009
(City) (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.

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>
D	DE SOTO, ALEXANDER	1001 N FEDERAL HWY, STE 234	<input checked="" type="checkbox"/> Add
		HALLANDALE, FL 33009	<input type="checkbox"/> Remove
D	GAZARYAN, ARMEN	1001 N FEDERAL HWY, STE 234	<input checked="" type="checkbox"/> Add
		HALLANDALE, FL 33009	<input type="checkbox"/> Remove
D	DE SOTO, ALEXANDER	900 N FEDERAL HWY STE 306	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
D	GAZARYAN, ARMEN	900 N FEDERAL HWY STE 306	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2023-11-01 11:32

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.

Alexander De Soto

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

DE SOTO, ALEXANDER

(Typed or printed name of person signing)

D

(Title of person signing)

FILING FEE \$35.00