# F23000005026

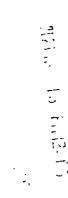
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Contilied Continue of Charter					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2023

JESSICA SALAZAR 3100 NW 72ND AVE UNIT 112 MIAMI, FL 33122

SUBJECT: COMARTEL INC. Ref. Number: F23000005026

We have received your document for COMARTEL INC. 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: 823A00024598

1. 17. 170

#### COVER LETTER

	e of Corporation		<del></del>
MBER: F23000005026			<u>.                                    </u>
dment and fee are submitted for	filing.		
respondence concerning this ma	tter to the followi	ing:	
.R			
Name of Contact Person	<u> </u>	_	
Firm/Company		_	
VE UNIT 112			
Address		_	
City/State and Zip Code		_	
ЮМ			
s: (to be used for future annual r	eport notification	1)	
tion concerning this matter, plea	se call:		
AR	305 at (	4770973 )	
of Contact Person	Area Co	ide & Daytime T	Felephone Number
for the following amount:			
☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 I Certified C	_	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
.ddress:	Stree	t Address:	
	Pirm/Company  VE UNIT 112  Address  City/State and Zip Code  COM  as: (to be used for future annual ration concerning this matter, please of Contact Person  a for the following amount:  S43.75 Filing Fee &	Address  City/State and Zip Code  COM  Ser (to be used for future annual report notification tion concerning this matter, please call:  AR  of Contact Person  at (  Area Coeffor the following amount:  S43.75 Filing Fee & S43.75 Filing Fee	Address  City/State and Zip Code  COM  Ses: (to be used for future annual report notification)  tion concerning this matter, please call:  AR  of Contact Person  Area Code & Daytime Technology amount:  S43.75 Filing Fee &  S43.75 Filing Fee &

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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)

F23000005026

	(Document number of corporation (if known)	
COMARTELING	•	
(Name of corpor	ration as it appears on the records of the Department of State)	<del></del>
CALIFORNIA	of) AUGUST 22,2023 (Date authorized to do business in Florida)	
(Incorporated under laws	of) (Date authorized to do business in Florida)	
(4-7 CO)	SECTION II MPLETE ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the cor incorporation?	rporation, when was the change effected under the laws of its jurisdiction of	
(Name of corporation after the amendment, a not contained in new name of the corporation	adding suffix "corporation," "company," or "incorporated," or appropriate abbro	eviation, if
(If new name is unavailable in Florida, enter a	alternate corporate name adopted for the purpose of transacting business in Flo	rida)
6. If the amendment changes the period of o	duration, indicate new period of duration.	
	(New duration)	
7. If the amendment changes the jurisdiction	on of incorporation, indicate new jurisdiction.	
	(New jurisdiction)	ar 27 fiver
8. If amending the registered agent and/or renew registered agent and/or the new registered	egistered office address in Florida, enter the name of the tered office address:	
Name of New Registered Agent		, , ; 12:
	(Florida street address)	
New Registered Office Address:	, Florida (City) (Zip Code)	
New Registered Agent's Signature, if cha Thereby accept the appointment as registere		
Signature of New Register	red Agent, if changing	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	Address	Type of Action
·	JESSICA SALAZAR	3100 NW 72ND AVE UNIT 112	<b>S</b> Add
		MIAMI, FL 33122	Remove
			CRemove
			DAdd
			Remove
			□Add
			CRemove
			□Add
Attached is a of the application of the application of the law.	e certificate or document of similar import, ation to the Department of State, by the Secres of which it is incorporated.	evidencing the amendment, authenticated no etary of State or other official having custody	ot more than 90 days prior to delivery of corporate records in the jurisdiction
	Traveisco	Benio	
	(Signature of a dire	ector, president or other officer - if in the hand court appointed fiduciary, by that fiduciary)	ds of
tra	ncisco Bernues	Presider	<u> </u>
	(Typed or printed name of person signing	(Title of per	rson signing)

FILING FEE \$35.00