

F24000001105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

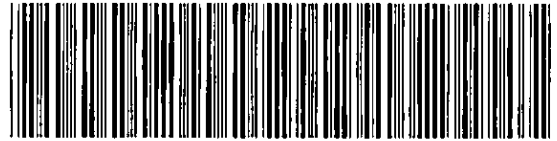
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/20/24--01032--009 **52.50

2024 AUG 20 PM 5:02
FILING OFFICE

AUG 27

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Safavi International Business Systems, Inc.

Name of Corporation

DOCUMENT NUMBER: F24000001105

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Shaw

Name of Contact Person

Safavi International Business Systems, Inc.

Firm/Company

1309 Coffeen Ave STE 1200

Address

Sheridan, WY 82801

City/State and Zip Code

sibs1621@gmail.com

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

For further information concerning this matter, please call:

Bruce Shaw

at (630) 272-7657

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

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)

F24000001105

(Document number of corporation (if known))

1. Safavi International Business Systems, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. WY

(Incorporated under laws of)

3. 2/13/2024

(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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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>
P/VP/T	Sam Safavi	1309 Coffeen Ave STE 1200	<input type="checkbox"/> Add
		Sheridan, WY 82801	<input checked="" type="checkbox"/> Remove
P/VP/T	Bruce Shaw	1309 Coffeen Ave STE 1200	<input checked="" type="checkbox"/> Add
		Sheridan, WY 82801	<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.

Bruce Shaw

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

Bruce Shaw

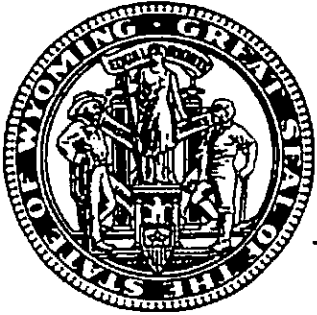
(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

2024 MAR 20 PM 5:33



Wyoming Secretary of State

Chuck Gray
Secretary of State

Jesse Naiman
Deputy Secretary of State

Certified Copy

Date: 07/11/2024 02:33 PM

Through Date: 07/11/2024 02:33 PM

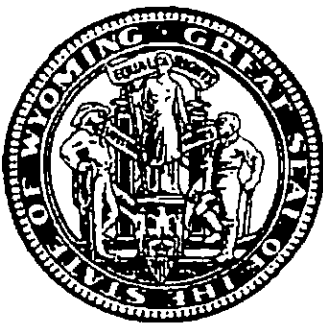
Corporate Name: SAFAVI INTERNATIONAL BUSINESS SYSTEMS, Inc.

The undersigned filing officer hereby certifies that the attached copies are a true and complete copy of the public document as filed in this office.

Document Number	Description	Number of Pages
2024-005145564	Contact Update -- Filed 06/26/2024	2

Respectfully,

Chuck Gray
Wyoming Secretary of State
Certified By: Shawn Havel





Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

WY Secretary of State
FILED: 06/26/2024 11:28 AM
Original ID: 2023-001372598
Amendment ID: 2024-005145564

Notice of Entity Election Communications Contact Person

In accordance with W.S. 17-28-104(d) Safavi International Business Systems, Inc.

(Print Name of Business Entity)

I elect to provide the Wyoming Secretary of State with the name, business address and phone number of a natural person who is an officer, director, employee or designated agent authorized to be the communications contact person for this business entity.

1. Name and title of the natural person authorized to be the communications contact person:

Print Name: Bruce Shaw

Print Title: President

2. Business Address:

Print Address: 801 Sandcastle Cir

Print City, State and Zip Code: Brandon, FL 33511

3. Daytime Phone Number: (630) 272-7657

4. I hereby certify that the information provided above is true and correct.

Date: 06/07/2024

(mm/dd/yyyy)

Signature: Bruce Shaw

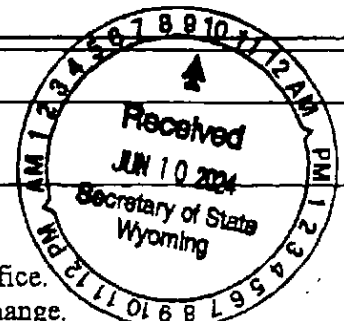
(Shall be executed by an authorized individual.)

Email: sibs1621@gmail.com

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Print Name: Bruce Shaw

Title: President



Checklist

- ☒ **No Filing Fee**
- ☒ **Processing time is up to 15 business days** following the date of receipt in our office.
- ☒ The information listed on this form shall be kept current within 60 days of any change.
- ☒ Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**



Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

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Notice of Entity Election Names and Addresses of Key Individuals

In accordance with W.S. 17-28-104(d) **Safavi International Business Systems, Inc.**

(Print Name of Business Entity)

elects to provide the Wyoming Secretary of State with the names and addresses of its directors, officers, limited liability company managers, managing partners, trustees or persons serving in a similar capacity. The names, addresses and titles are listed below.

1. Print Name:	Bruce Shaw	Print Title:	President
Print Address:	801 Sandcastle Cir, Brandon, FL 33511		
2. Print Name:	Bruce Shaw	Print Title:	Vice President
Print Address:	801 Sandcastle Cir, Brandon, FL 33511		
3. Print Name:	Bruce Shaw	Print Title:	Secretary
Print Address:	801 Sandcastle Cir, Brandon, FL 33511		
4. Print Name:		Print Title:	
Print Address:			
5. Print Name:		Print Title:	
Print Address:			
6. Print Name:		Print Title:	
Print Address:			

If additional space is needed for names, addresses and titles, please attach an additional sheet.

I hereby certify that the information contained in this document is true and correct.

Date: **06/07/2024**

(mm/dd/yyyy)

Email: **slbs1621@gmail.com**

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Signature:

Bruce Shaw

(Shall be executed by an authorized individual.)

Print Name: **Bruce Shaw**

Title: **President**

Checklist

- ☒ **No Filing Fee**
- ☒ **Processing time is up to 15 business days following the date of receipt in our office.**
- ☒ **This information shall be kept current within 60 days of any change until the first annual report is filed and thereafter when the annual report is due for filing.**
- ☒ **Please review the form prior to submission. The Secretary of State's Office is unable to process incomplete forms.**