

F24000002037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

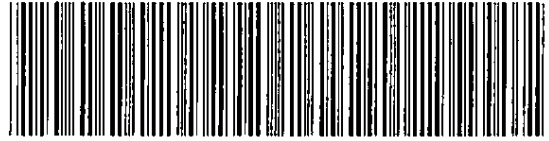
(Document Number)

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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)

F24000002037

(Document number of corporation (if known))

1. WHITE GLOVE PROTECTION GROUP INC.
(Name of corporation as it appears on the records of the Department of State)
2. WA 3. 04/15/2024
(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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> |
|------------------------|--------------------|--------------------------------|--|
| <u>O</u> | <u>GREG WARDEN</u> | <u>15013 MEADOWLAKE STREET</u> | <input type="checkbox"/> Add |
| | | <u>ODESSA, FL 33556</u> | <input checked="" type="checkbox"/> Remove |
| <u>O</u> | <u>GREG WARDEN</u> | <u>15013 MEADOWLAKE ST</u> | <input checked="" type="checkbox"/> Add |
| | | <u>ODESSA, FL 33556</u> | <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add |
| | | <u> </u> | <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add |
| | | <u> </u> | <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add |
| | | <u> </u> | <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)

CALEB GILBERT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35.00