

P01000048789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

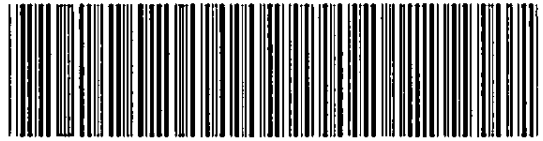
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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35.00

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SECRETARY OF STATE
TALLAHASSEE, FL

Me

Me

Kris Leal

From: donotreply@sunbiz.org
Sent: Thursday, November 7, 2024 4:42 PM
To: Kris Leal
Subject: Reinstatement Application Rejected - Document No: P01000048789 Tracking No: 6001356820CR

Document Number: P01000048789

Reinstatement Tracking Number: 6001356820CR

Your reinstatement could not be processed online, the business entity name listed above is no longer available. You must submit an amendment changing the name of your business entity with a completed reinstatement application, as well as the appropriate filing fees for each. Links to the amendment and reinstatement forms are indicated below.

When you have completed the reinstatement and amendment forms, attach a check and mail both forms together to: Florida Department of State, Division of Corporations, PO Box 6327, Tallahassee, FL 32314.

Make the check payable to the Florida Department of State.

If you have questions, please call the appropriate filing section. For Corporations, call 850-245-6059.

For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

<http://form.sunbiz.org/pdf/cr2e011.pdf> Amendment Form
SECRETARY OF STATE
<http://form.sunbiz.org/pdf/cr2e081.pdf> Reinstatement Form

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alden Group, Inc.

DOCUMENT NUMBER: P01000048789

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roderick Coleman

Name of Contact Person

Coleman Law LLC

Firm/ Company

400 South Dixie Highway, Suite 121

Address

Boca Raton, FL 33432

City/ State and Zip Code

KL@colemanattorneys.com

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

For further information concerning this matter, please call:

Kris Leal

at (561)

620-9292

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

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Articles of Amendment
to
Articles of Incorporation
of

ALDEN GROUP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000048789

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The Alden Group NA, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. 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

Roderick Coleman, Esq.

400 South Dixie Highway, #121

(Florida street address)

New Registered Office Address:

Boca Raton

Florida

(City)

33432

(Zip Code)

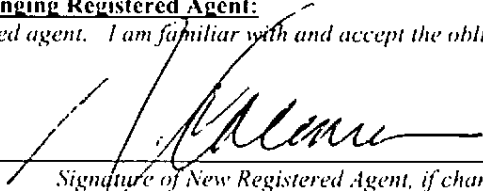
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New Registered Agent's Signature, if changing Registered Agent:

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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(Attach additional sheets, if necessary). (Be specific)

N/A

(if not applicable, indicate N/A)

N/A

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____
(voting group)"

Dated

November 18, 2024

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CRAIG MITCHELL

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FL

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COLEMAN LAW, LLC

A LIMITED LIABILITY COMPANY

RODERICK COLEMAN, ESQ.
RFC@COLEMANATTORNEYS.COM

400 SOUTH DIXIE HIGHWAY, SUITE 121
BOCA RATON, FLORIDA 33432

TELEPHONE: (561) 620-9292
FACSIMILE: (561) 620-8232

November 18, 2024

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement for Alden Group, Inc.
Reinstatement Tracking No.: 6001356820CR

Dear Sir/Madam:

Pursuant to my conversation with Christian in your office today, as well as the attached email received from your office on November 7, 2024, please find enclosed the following:

1. Corporate Reinstatement
2. Articles of Amendment with attached Cover Letter, amending corporate name
3. Two checks (\$2,850 and \$35.00)

If you have any questions with regard to the enclosed, please do not hesitate to contact my office.

Sincerely,

Roderick Coleman

RODERICK COLEMAN

RC/kl

Enclosures

new 2
match info on
Sunbiz letter
corres. one
NC / amend. should
come
up.

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