

P19000039979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/06/23--01025--011 **30.00

07/06/23--01025--012 **5.00

2023 AUG 23 PM 2:29
FBI - STATE
FALL RIVER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2023

GABRIEL TROSSEL
13574 VILLAGE PARK DR, STE 140
ORLANDO, FL 32837

SUBJECT: GLANCE RIDE CORP
Ref. Number: P19000039979

We have received your document for GLANCE RIDE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure that you check one of the adoption of amendments boxes on the last page.

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: 723A00018246

2023 AUG 25 PM 2:29
SECRET
TO: L. J. ...
DATE

AUG 23 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GLANCE RIDE CORP

DOCUMENT NUMBER: P19000039979

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

Please return all correspondence concerning this matter to the following:

GABRIEL TROSSEL

Name of Contact Person

GLANCE RIDE CORP

Firm/ Company

13574 VILLAGE PARK DR, STE 140

Address

ORLANDO, FL, 32837

City/ State and Zip Code

glancridecorp@gmail.com

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

For further information concerning this matter, please call:

GABRIEL TROSSEL

Name of Contact Person

at (407)

9608542

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

2023 AUG 25 PM 2:29
STATE
FILING

Articles of Amendment
to
Articles of Incorporation
of

GLANCE RIDE CORP

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

P19000039979

(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 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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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 GABRIEL TROSSEL
13574 VILLAGE PARK DR, STE 140
(Florida street address)

New Registered Office Address: ORLANDO, Florida 32837
(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.

Gabriel Trossel

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.

RECEIVED
SEP 25 11 21 29
FLORIDA
DEPT. OF STATE

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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	MGR	ALFONSO SANCHEZ	6530 SWISSCO DR
<input type="checkbox"/> Add			ORLANDO, FL. 32822
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	P	GABRIEL TROSSEL	5032 MILLENIA PALMS DR
<input type="checkbox"/> Add			APT 5312, ORLANDO, FL. 32839
<input type="checkbox"/> Remove			5032 MILLENIA PALMS DR
3) <input type="checkbox"/> Change	D	HECTOR TROSSEL	APT 5312, ORLANDO, FL. 32839
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	D	CRISTINA PACHECO	5032 MILLENIA PALMS DR
<input checked="" type="checkbox"/> Add			APT 5312, ORLANDO, FL. 32839
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	VP	GABRIEL ALVAREZ	3080 STATION SQ APT 219
<input checked="" type="checkbox"/> Add			KISSIMMEE, FL. 34744
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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STATE
OF FLORIDA
COUNTY OF ALACHUA

SECRETARY OF THE ARMY
WASHINGTON, D. C.

2023 JUL 25 PM 2: 29

06/30/2023

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

Effective date if applicable: 06/30/2023
(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 06/30/2023

Signature Gabriel Trussel
(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)

Gabriel Trussel
(Typed or printed name of person signing)

President
(Title of person signing)

2023 AUG 25 PM 2:29
DEPARTMENT OF STATE
FALL CITY, IOWA