

P20000048174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

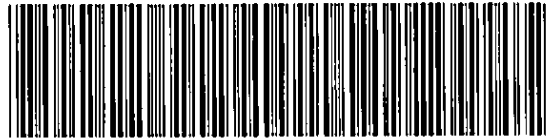
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



200374168542

FILED

2021 OCT 19 PM 1:05

CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 OCT 18 PM 4:22

TALLAHASSEE, FL

  
Y. SULKER  
OCT 20 2021

Y. SULKER

OCT 20 2021

X

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160

AMOUNT: 35.00

Authorized Signature: \_\_\_\_\_

*James R. Fuller*

ValCal Inc. P200000048174

Corporation Name & Document Number, (if known):

(Business Name)

Document#

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy \_\_\_\_\_

\_\_\_ Certified Copy

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

**AMMENDMENTS**

\_\_\_ **X** Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ **Correction**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_

Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: VALCAL INC.  
Ref. Number: P20000048174

We have received your document for VALCAL INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Signature page must be in portrait format not landscape format.

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.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 521A00025402

RECEIVED

2021 OCT 19 PM 3:49

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ValCal Inc.

DOCUMENT NUMBER: P20000048174

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

Please return all correspondence concerning this matter to the following:

Giovanni Martinez  
Name of Contact Person

ValCal Inc  
Firm/ Company

820 De La Bosque  
Address

Longwood, FL 32779  
City/ State and Zip Code

valcalinc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni Martinez at ( 626 ) 676 7490  
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

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ValCal Inc.

DOCUMENT NUMBER: P20000048174

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

Please return all correspondence concerning this matter to the following:

Giovanni Martinez  
Name of Contact Person

ValCal Inc  
Firm/ Company

820 De La Bosque  
Address

Longwood, FL 32779  
City/ State and Zip Code

valcalinc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni Martinez at ( 626 ) 676 7490  
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

Articles of Amendment  
to  
Articles of Incorporation  
of

Val Cal Inc.

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

P20000048174

(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

(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

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <u>    </u> Change	<u>  V  </u>	<u>Joshua N. Jones</u>	<u>210 10<sup>th</sup> Ave N #11</u>
<u>  X  </u> Add			<u>Jacksonville Beach, FL 32250</u>
<u>    </u> Remove			
2) <u>    </u> Change	<u>      </u>	<u>                                  </u>	<u>                                  </u>
<u>    </u> Add			
<u>    </u> Remove			
3) <u>    </u> Change	<u>      </u>	<u>                                  </u>	<u>                                  </u>
<u>    </u> Add			
<u>    </u> Remove			
4) <u>    </u> Change	<u>      </u>	<u>                                  </u>	<u>                                  </u>
<u>    </u> Add			
<u>    </u> Remove			
5) <u>    </u> Change	<u>      </u>	<u>                                  </u>	<u>                                  </u>
<u>    </u> Add			
<u>    </u> Remove			
6) <u>    </u> Change	<u>      </u>	<u>                                  </u>	<u>                                  </u>
<u>    </u> Add			
<u>    </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

~~N/A~~ Joshua Jones will now have  
2,000 shares of the 10,000 while Giovanni Martner  
will have the remaining 8,000



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 10/18/2021

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)

Giovanni Martinez  
(Typed or printed name of person signing)

President  
(Title of person signing)