

P21000039247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICKUP

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MAIL

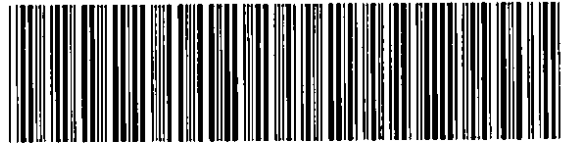
(Business Entity Name)

(Document Number)

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2021 MAY 17 11:28:53

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ALLAHASSEE, FLORIDA

2021 MAY 17 PM 4:35

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MAY 21 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: ZARF CONSULTING INC
Ref. Number: P21000039247

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

The form you submitted is for Florida Profit Benefit Corporation Options.

We are enclosing the proper form(s) with instructions for your convenience.

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: 521A00010415

RECEIVED

2021 MAY 20 PM 3:59

TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ZARF CONSULTING INC

DOCUMENT NUMBER: P21000039247



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

Please return all correspondence concerning this matter to the following:

CHANDLER SENATUS

Name of Contact Person

ZARF CONSULTING INC

Firm/ Company

5021 HERON PL

Address

COCONUT CREEK FL 33073

City/ State and Zip Code

ZARFCONSULTING@GMAIL.COM

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

For further information concerning this matter, please call:

CHANDLER SENATUS

Name of Contact Person

at (954) 706-0235

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

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

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

ZARF CONSULTING INC

P21000039247

(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

AMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

EXAMINER'S INITIALS: _____

Articles of Amendment
to
Articles of Incorporation
of

ZARF CONSULTING INC

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

P21000039247

(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)

6047 KIMBERLY BLVD

STE J

NORTH LAUDERDALE FL 33068

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

5021 HERON PL

COCONUT CREEK FL 33073

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>p</u>	<u>CHANDLER SENATUS</u>	<u>5021 HERON PL.</u>
<u>X</u> Add			<u>COCONUT CREEK FL 33073</u>
<u> </u> Remove			
2) <u> </u> Change	<u>V</u>	<u>HARLENN FRANCOIS</u>	<u>741 SW 70 WAY NORTH</u>
<u>X</u> Add			<u>LAUDERDALE FL 33068</u>
<u> </u> Remove			
3) <u> </u> Change	<u>p</u>	<u>HARLEN FRANCOIS</u>	
<u> </u> Add			
<u>X</u> Remove			
4) <u> </u> Change	<u>p</u>	<u>CHANDLER SENATUS JR</u>	
<u> </u> Add			
<u>X</u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

Please add EIN information for the entity EIN # 86-3431824

Please also apply all the new changes to the articles of incorporation also so i can provide newly amended articles

of incorporation to my bank. Please make sure there will not be duplicate filings for this corporation after all amendments

are implemented. Changes that are made must show on the articles of incorporation are it will not be valid for banking

and other business and legal endeavours thank you.

Article III please change purpose to NAICS CODE 541618 OTHER MANAGEMENT CONSULTING SERVICES,

SIC CODE 8748 BUSINESS CONSULTING SERVICES

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)

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)

05/20/2021
Dated _____

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)

CHANDLER SENATUS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)