P25968

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Codified Coding			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only			



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December 15, 2022

JOHN G. VEGA PA 501 GOODLETTE RD N., #D306 NAPLES, FL 34102

SUBJECT: COLOMBO ENTERPRISES OF NAPLES, INC.

Ref. Number: P25968

We have received your document for COLOMBO ENTERPRISES OF NAPLES. 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 a FLORIDA PROFIT CORPORATION, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6939.

Letter Number: 422A00027941

Stacy Prather Regulatory Specialist III

2023 JAR 30 PH 1: 09

COVER LETTER

TO: Amendme	ent Section Division of Corporatio	ns	
SUBJECT: <u>C</u>	Nombo Enter	orises of Mapl	es, Inc.
DOCUMENT NU	MBER: 725968		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	rrespondence concerning this mat	ter to the following:	
Yadir	Name of Contact Person		
John	6. Vega PA Firm/Company		
501 6	address Address	N. #D306	
Naples	City/State and Zip Code	-	
<u>Jeag</u> E-mail ad dre	ss: (to be used for future annual re	eport notification)	
For further informa	ntion concerning this matter, pleas	e call:	
Vadin	e of Contact Person	at (239) 659	-3251
Name	of Contact Person	Area Code & Daytime 1	Celephone Number
Enclosed is a check	k for the following amount:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

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)	
$\Omega_2 \in \Omega_1 \otimes \Omega_2$	11.
(Document number of corporation (if known)	- -
_	2023 JAN 30
(Name of corporation as it appears on the records of the Department of State	·
(Name of corporation as it appears on the records of the Department of State O 410 3. 5/21/1993	
(Incorporated under laws of) (Date authorized to do bus	siness in Florida) $\frac{1}{2}$
SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)	
. If the amendment changes the name of the corporation, when was the change effected under the laws of its	jurisdiction of
incorporation? P / A	
NIA	
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or not contained in new name of the corporation)	appropriate abbreviation, i
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting). 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.	ng business in Florida)
(New jurisdiction)	
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 501 600 lette Rd. M., #D30 (Florida street address)	06
New Registered Office Address:	34102 (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	

Fitle Capacity Address Type of Action Name □Add Remove □Add Remove Remove □Add Remove \square Add Remove). 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) (Typed or printed name of person signing)

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

FILING FEE \$35.00