

**F18000 000 244**

\_\_\_\_\_  
(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:

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2020  
SEP 17 11:5:04

*Amend*

SEP 17 2020  
ALBRITTON

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** OBJECTIVE GROUP INC.

Name of Corporation

**DOCUMENT NUMBER:** F18000000244

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTORIA ALVAREZ-PHILLIPS

Name of Contact Person

OBJECTIVE GROUP INC

Firm/Company

299 ALHAMBRA CIR STE. 403

Address

CORAL GABLES, FL 33134

City/State and Zip Code

CRISTINA@CARIBROS.COM

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

For further information concerning this matter, please call:

VICTORIA ALVAREZ-PHILLIPS

at ( 305 ) 479-3256

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

FILING FEE WAS INCLUDED IN THE PREVIOUS ERRONEOUS FILING

**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



2020 OCT 15 09:43:05

**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

August 21, 2020

VICTORIA ALVAREZ-PHILLIPS  
299 ALHAMBRA CIR  
STE. 403  
CORAL GABLES, FL 33134

**SUBJECT: OBJECTIVE GROUP INC**  
Ref. Number: F18000000244

We have received your document for OBJECTIVE GROUP 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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 620A00016000

**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)**

F18000000244

(Document number of corporation (if known))

1. OBJECTIVE GROUP INC  
(Name of corporation as it appears on the records of the Department of State)
2. DELAWARE (Incorporated under laws of)      3. JANUARY 16, 2018  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A
5. N/A  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.  
N/A  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
N/A  
(New jurisdiction)

8. **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:**

N/A  
*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.*

N/A

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	JULIO CESAR DO NASCIMENTO	299 Alhambra Cir Ste 403 Coral Gables, FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. 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.

*[Handwritten Signature]*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

ALVARO KARAM

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

**FILING FEE \$35.00**