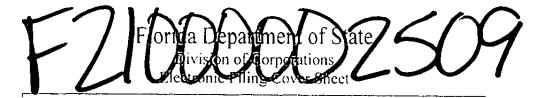
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H210002315823ABCV

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Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : HARVARD BUSINESS SERVICES, INC. 6380

Account Number : 120080000045

Phone : (302)645-7400
Fax Number : (302)645-1280

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H210002315823

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 1 (1-3 MUST BE COMPLETED)

F210000	02509			
	(Document number of corporation (if known)			
MOVEFAX INC.				
(Name of corpo	oration as it appears on the records of the Department of State	2)		
Defaware	3, 05/05/2021			
(Incorporated under law		isiness in Flo	orida)	
	SECTION II			
(4-7 CC	OMPLETE ONLY THE APPLICABLE CHANGES)			
4. If the amendment changes the name of the co- incorporation?	orporation, when was the change effected under the laws of it	s jurisdiction	n of	
(Name of corporation after the amendment,	adding suffix "corporation," "company," or "incorporated," on)	r appropriat	e abbrevi	iation, i
not contained in new name of the corporatio	an)			
(If new name is unavailable in Florida, enter	alternate corporate name adopted for the purpose of transacti	ng business	in Florid	la)
 If the amendment changes the period of 	duration, indicate new period of duration.		 1	
				202
	(New duration)		<u>}</u>	<u></u>
			75.7.	<u> </u>
 If the amendment changes the jurisdiction 	on of incorporation, indicate new jurisdiction.		Fig.	2021 JUN 11 AM 8:
			FISTATI	\equiv
	(New jurisdiction)			8: 2
. If amending the registered agent and/or e	egistered office address in Florida, enter the name of the)- -	9,
new registered agent and/or the new regis				
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	Florida			
	(City)	(Zip Code)		
New Registered Agent's Signature, if cha	nging Registered Agent:			
I hereby accept the appointment as registere	ed agent. I am familiar with and accept the obligations of the	position.		
Signature of New Register	ed 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:

Title: Capacity	Name	Address	Type of Action
VP	Cassandra Salangin	2350 NW 64th Ave. Sunrise Ft. 33313	ZAdd
			Remove
			Remove
		*** **** **** **** **** **** **** ***** ****	Q.Add
			Remove
			
			CRemove
			🗀 Add
10. Attached is a of the applicat	certificate or document of similar impo- ion to the Department of State, by the Sc	rt, evidencing the amendment, authenticated nor cretary of State or other official having custody of	Remove
under the laws	s of which it is incorporated.		, and the same particular to the same particu
	(Signature of a d a receiver or oth	irector, president or other officer - if in the hand er court appointed fiduciary, by that fiduciary)	sof
Dar ———	niil Salangin	President	
	(Typed or printed name of person signi	FILING FEE \$35.00	on signing) TALLAHAS