F14000002531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ✓ Certificates of Status ✓

2.21.21

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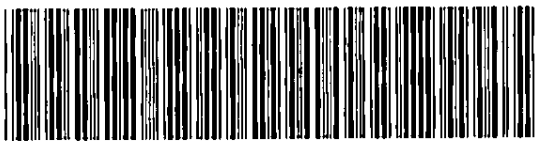

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2021 SEP -2 AM 9:37

FILED

2022 SEP 14 AM 9:14

RECEIVED

cc/cus
Name
Chg

SEP 14 2021

I ALBRITTON

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 SEP -2 AM 10:02

September 2, 2021

MOBIKLIFT CORPORATION

,

RECEIVED
2021 SEP 14 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MOBIKLIFT CORPORATION
Ref. Number: F14000002531

We have received your document for MOBIKLIFT CORPORATION and your check(s) totaling $52.50. 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 CORPORATION, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 221A00021232

RECEIVED
2021 SEP -2 AM 10:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mobilift Corporation
Name of Corporation

DOCUMENT NUMBER: F14000002531

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack Kiragu
Name of Contact Person

Travilign Corporation
Firm/Company

5608
Address

17th ave NW Seattle, WA. 98107
City/State and Zip Code

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

For further information concerning this matter, please call:

Jack Kiragu at (206) 2581647
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

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)

F14000002531
(Document number of corporation (if known))

1. MobiKLift Corporation
(Name of corporation as it appears on the records of the Department of State)

2. Seattle Washington (Incorporated under laws of) 3. 6-11-14 (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? 06/22/2021

5. TravaLign Corp
(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)

2022 SEP 14 AM 9:14

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:**

Name of New Registered Agent N/A

(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

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
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐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.

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

Jack Kirwan
(Typed or printed name of person signing)

Director
(Title of person signing)

FILING FEE $35.00

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, Kim Wyman, Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to records on file in this office,

Articles of Amendment for

MOBIKLIFT CORPORATION,

a Washington profit corporation, whereby the corporate name is changed to

TRAVALIGN CORP

were received and filed by this office on June 22, 2021.

Date Issued: September 3, 2021

UBI: 603 250 809

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State