

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180000061213))



H180000061213ABCT

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)419-6949  
Fax Number : (254)205-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
OSL RETAIL SERVICES INCORPORATED**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$43.75 |

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18 JAN 03 AM 9:47  
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\*\*\*HONOR ORIGINAL DATE 01-08-18\*\*\*

\*\*\*HONOR ORIGINAL DATE 01-08-18\*\*\*



January 8, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OSL RETAIL SERVICES INCORPORATED  
2475 SKYLARK AVE, UNIT 4  
MISSISSAUGA, ONTARIO, XX L4W4Y-6

SUBJECT: OSL RETAIL SERVICES INCORPORATED  
REF: F17000004990

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate states that the name changed from OSL RETAIL SERVICES CORPORATION to OSL RETAIL SERVICES INCORPORATED which is what our records show being filed in our office on 11-06-2017.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H18000006121  
Letter Number: 518A00000399

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OSI, Retail Services Incorporated

Name of Corporation

DOCUMENT NUMBER: F17000004990

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James R. Waggoner, Esq.

Name of Contact Person

Clark Hill PLC

Firm/Company

151 S. Old Woodward Avenue, Suite 200

Address

Birmingham, Michigan 48009

City/State and Zip Code

JWaggoner@clarkhill.com

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

For further information concerning this matter, please call:

James R. Waggoner, Esq.

Name of Contact Person

at ( 248 ) 988-5873  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35.00 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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)**

F17000004990

(Document number of corporation (if known))

1. OSL Retail Services Incorporated  
(Name of corporation as it appears on the records of the Department of State)
2. Michigan 3. 11/06/2017  
(Incorporated under laws of) (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? 01/12/2018
5. OSL Retail Services Corporation  
(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.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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.

31  
(Signature of a director, president or other officer - if in the hands of a receiver or other court-appointed fiduciary, by that fiduciary)

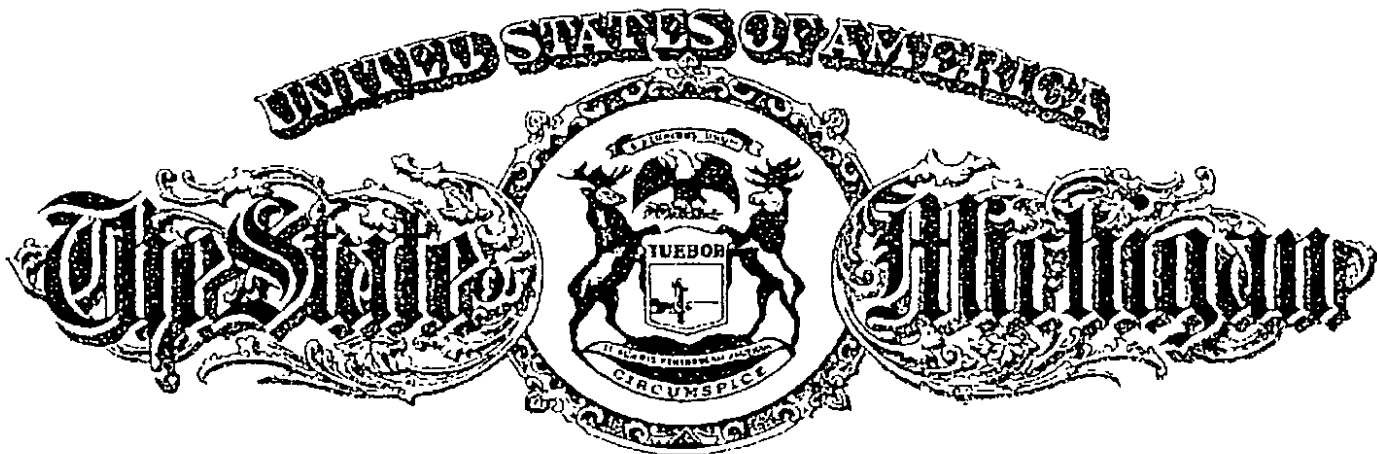
Brett Farren

(Typed or printed name of person signing)

President

(Title of person signing)

FILED  
18 JAN 08 AM 9:47  
TALLAHASSEE, FLORIDA



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

*This is to Certify That*

**OSL RETAIL SERVICES CORPORATION**

*was validly incorporated as a Michigan profit corporation on November 22, 2002.*

*I FURTHER CERTIFY that a Certificate of Amendment to the Articles of Incorporation was filed on January 12, 2018, amending Article I, changing the corporate name from **OSL RETAIL SERVICES INCORPORATED** to **OSL RETAIL SERVICES CORPORATION**.*

*AND I FURTHER CERTIFY this certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 17th day of January, 2018.*

*Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

Certificate Number: 1711195170

Verify this certificate at: [www.michigan.gov/corpverifycertificate](http://www.michigan.gov/corpverifycertificate)