F20000051A0

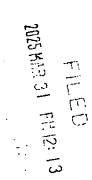
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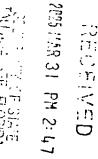
(Reque	stor's Name)		
(Addres	ss)		
(Addres	is)		
(City/St	ate/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	APH 1 2025		

Office Use Only



300447257913





Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, Ft 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/31/2025

PRIORITY Regular Approval

OUR REF, #_(Order_ID,#)_ 1362753

ORDER ENTITY

EVERGREEN MONEY CORPORATION

850-245-6051

PLEASE PERFORM THE FOLLOWING SERVICES: EVERGREEN MONEY CORPORATION (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$43.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, March 31, 2025 Page 1 of 1

COVER LETTER

TO: Amendme	ent Section Division of Corporatio	ons	
SURJECT: Evergi	reen Money Corporation		
	Name	of Corporation	_
DOCUMENT NU	MBER: F20000005690		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	iter to the following:	
Clayton McDonald	1		
	Name of Contact Person		
M&H, LLP			
	Firm/Company		
525 Middlefield R	oad, Suite 250		
	Address		
Menlo Park, Califo	ornia 94025		
	City/State and Zip Code		
cmcdonald@mh-ll	•		
E-mail addre	ss: (to be used for future annual re	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
Clayton McDonale	1	_at () 3317026 Area Code & Daytime	
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	k 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)

F200000	,		
	(Document number of corporation (if known	1)	L PHID:
Evergreen Money Corporation			
(Name of corp	oration as it appears on the records of the Der		
Delaware	3. 12/21/2020 (Date aut		
(Incorporated under law	(Date aut	horized to do bi	isiness in Florida)
(4-7 CC	SECTION II OMPLETE ONLY THE APPLICABLE CI	IANGES)	
. If the amendment changes the name of the coincorporation? 09/09/2024	orporation, when was the change effected und	ler the laws of it	s jurisdiction of
Evergreen Wealth Corporation			
(Name of corporation after the amendment, not contained in new name of the corporation	adding suffix "corporation," "company," or " on)	incorporated." o	or appropriate abbreviation.
(If new name is unavailable in Florida, enter	alternate corporate name adopted for the purp	oose of transact	ng business in Florida)
6. If the amendment changes the period of	f duration, indicate new period of duration.		
	·		
	(New duration)		
	(New duration)		
7. If the amendment changes the jurisdicti	ion of incorporation, indicate new jurisdiction	ı.	
-	(New jurisdiction)		
	, and the second		
. If amending the registered agent and/or r	registered office address in Florida, enter th	ne <u>name</u> of the	
new registered agent and/or the new regis	stered office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida_	(Zip Code)
	(City)		(Zip Code)
New Registered Agent's Signature, if cha	anging Registered Agent:		
I hereby accept the appointment as registere	ed agent. I am familiar with and accept the a	obligations of th	e position.
Signature of New Register	red Agent, if changing		

Title/ Capacity	<u>Name</u>	Address	Type of Action
			Add
			CRemove
			Remove
			Add
		, <u>.</u>	
			Remove
Attached is a certific of the application to under the laws of whether the laws of which is the second control of the laws of which is the laws of the laws of which is the laws of the laws of the laws of which is the laws of the laws	cate or document of similar import, ev the Department of State, by the Secreta tich it is incorporated.	idencing the amendment, authentic ry of State or other official having c	rated not more than 90 days prior to delivustody of corporate records in the jurisdict
		Paul terglodm	
-	(Signature of a director a receiver or other co Paul Bergholm	or, president or other officer - if in tourt appointed fiduciary, by that fidu	he hands of actory)
/Type	d or printed name of person signing)		e of person signing)

FILING FEE \$35.00

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE

STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "EVERGREEN

MONEY CORPORATION", FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO "EVERGREEN WEALTH CORPORATION" ON THE NINTH DAY OF

SEPTEMBER, A.D. 2024, AT 2:18 O'CLOCK P.M.



Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 203300842 Date: 03-28-25

4447514 8320 SR# 20251288670