

7/9/2021

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

F210000341

Second request

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.

((H21000266070 3)))



H210002660703ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2021 JUL 28 PM 2:58

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

From: Account Name : FOWLER WHITE BURNETT P.A.  
 Account Number : 071250001512  
 Phone : (305)789-9200  
 Fax Number : (786)437-4609

FLORIDA DEPARTMENT OF STATE  
ALLAH ASSEER FILED

2021 JUL 28 AM 10:03

FILED

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

Email Address: obradham@fowler-white.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
X SHORE AMERICAS, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

Second request

# AUDIT NO. H21000266070 3

**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)**

F21000003413

(Document number of corporation (if known))

1. X SHORE AMERICAS, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. DELAWARE 3. JUNE 18, 2021  
(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? \_\_\_\_\_
5. \_\_\_\_\_  
(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. 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 \_\_\_\_\_
- \_\_\_\_\_ (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.

\_\_\_\_\_  
Signature of New Registered Agent, If changing

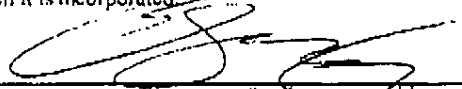
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
2021 JUL 28 AM 10:08  
FILED

**AUDIT NO. H21000266070 3**

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>
<u>D/VP</u>	<u>Erik Berggren</u>	<u>1395 Brickell Avenue, 14th Floor</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33131</u>	<input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Andreas Larsson</u>	<u>1395 Brickell Avenue, 14th Floor</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33131</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.



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

Christopher (Cri) Boratenski  
(Typed or printed name of person signing)

Vice President  
(Title of person signing)

FILING FEE \$35.00

FILED  
 2021 JUL 28 AM 10:08  
 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE