

P190000031781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

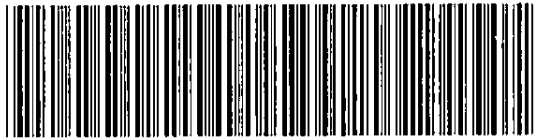
(Business Entity Name)

(Document Number)

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N/C of Amend

2023 APR 20 PM 12 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2023 APR 20 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

APR 21 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 682900 7545742

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : April 18, 2023

ORDER TIME : 9:07 AM

ORDER NO. : 682900-005

CUSTOMER NO: 7545742

DOMESTIC AMENDMENT FILING

NAME: OPTI-TIME INC.

EFFECTIVE DATE:

ARTICLES OF AMENDMENT  
XX RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: OPTI-TIME INC.

DOCUMENT NUMBER: P19000031781

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY A. MAURICE, ESQ.  
Name of Contact Person  
THE NILSON LAW GROUP, PLLC  
Firm/ Company  
10 EAST 40TH STREET, SUITE 3310  
Address  
NEW YORK, NY 10016  
City/ State and Zip Code  
paralegal@nilsonlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudine Frank or Stephanie Pevnage at ( 212 ) 687-1155  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

2023 APR 20 PM 12 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

OPTI-TIME INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000031781

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

NOMADIA USA INC.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. 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: \_\_\_\_\_

(City)

Florida

(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*

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change                      PT      John Doe

Remove                        V        Mike Jones

Add                                SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Pierre-Antoine Tricen</u>	<u>1846 NW 141st Avenue</u>
<input type="checkbox"/> Add			<u>Pembroke Pines, 33028 FL</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PT</u>	<u>Eric Lanzi</u>	<u>152/160 avenue Aristide Briand</u>
<input type="checkbox"/> Add			<u>92220 Bagneux, France</u>
<input checked="" type="checkbox"/> Remove			<u>152/160 avenue Aristide Briand</u>
3) <input type="checkbox"/> Change	<u>S</u>	<u>Marc Bannelier</u>	<u>92220 Bagneux, France</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Pascal Beauvillain de Montreuil</u>	<u>c/o The Nilson Law Group, PLLC</u>
<input checked="" type="checkbox"/> Add			<u>10 E 40th Street, Suite 3310</u>
<input type="checkbox"/> Remove			<u>New York, NY 10016</u>
5) <input type="checkbox"/> Change	<u>PT</u>	<u>Fabien Bréget</u>	<u>c/o The Nilson Law Group, PLLC</u>
<input checked="" type="checkbox"/> Add			<u>10 E 40th Street, Suite 3310</u>
<input type="checkbox"/> Remove			<u>New York, NY 10016</u>
6) <input type="checkbox"/> Change	<u>S</u>	<u>Deborah A. Nilson</u>	<u>c/o The Nilson Law Group, PLLC</u>
<input checked="" type="checkbox"/> Add			<u>10 E 40th Street, Suite 3310</u>
<input type="checkbox"/> Remove			<u>New York, NY 10016</u>



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by Nomadia FSM \_\_\_\_\_"  
(voting group)

19/04/2023  
Dated \_\_\_\_\_

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Pascal Beauvillain de Montreuil

\_\_\_\_\_  
(Typed or printed name of person signing)

Director

\_\_\_\_\_  
(Title of person signing)