# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CEO

#### SIGNATURE: JAROSLAV BARTAK

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P13000062073

Entity Name: VALOSUN US INC

## Current Principal Place of Business:

403 JOAN AVE STE D LEHIGH ACRES, FL 33971

#### **Current Mailing Address:**

21450 SHERIDAN RUN ESTERO, FL 33928 US

### FEI Number: 61-1721828

## Name and Address of Current Registered Agent:

HOLLINGSWORTH, JULIE 403 JOAN AVE STE D LEHIGH ACRES, FL 33971 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: JULIE HOLLINGSWORTH			03/03/2024
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	Ρ	Title	VP	
Name	SIBAL, MARTIN	Name	SIBALOVA, MILOSLAVA	
Address	4403 SW 11TH AVENUE	Address	4403 SW 11TH AVENUE	
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	CAPE CORAL FL 33914	
Title	CEO			
Name	BARTAK, JAROSLAV			
Address	BUDCICKA 1592			
City-State-Zip:	PRAHA 9 CZ 19016			

Certificate of Status Desired: No

03/03/2024 Date

FILED Mar 03, 2024 Secretary of State 5513142109CC