857055

| (F | Requestor's Name) | |
|-------------------------|--|---------|
| (A | (ddress) | |
| (A | (ddress) | |
| | City/State/Zip/Phone #) | |
| (0 | ityrStaterZiprPnone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| ·············· | Ocument Number) | |
| Certified Copies | | Status |
| Special Instructions to | o Filina Officer: | |
| | - : :::::::::::::::::::::::::::::::::: | |
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Office Use Only



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TALLAHASSEE, FLORE

APR 1 3 2022 D CC44: FLL

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | ATION: SOUTHERN | EARTH SCIENC | ES, INC. |
|--|---|--|---|
| | er: <u>857055</u> | | · |
| The enclosed | Amendment and fee are sul | bmitted for filing. | |
| Please return all corresp | ondence concerning this ma | tter to the following: | |
| - | SOUTHERN EA | Address Address City/ State and Zip Code | Inic. Dr. |
| For further information | concerning this matter, pleas | se call: | |
| MARK E. | WILSON Contact Person | at (<u>856</u> Area Co |) 519 - 1576 de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: |
| S35 Fiting Fee S35 Fiti | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Division The C | Address Iment Section on of Corporations entre of Tallahassee 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)

| (Document number of corporation (i | |
|--|---|
| | |
| 1. SOUTHERN EARTH SCIENCES INC. (Name of corporation as it appears on the records of | |
| (Name of corporation as it appears on the records of | the Department of State) |
| 2. ALABAMA 3. (Incorporated under laws of) | 07-11-1983 |
| (Incorporated under laws of) (I | Date authorized to do business in Florida) |
| SECTION II (4-7 COMPLETE ONLY THE APPLICAL | BLE CHANGES) |
| 4. If the amendment changes the name of the corporation, when was the change effective incorporation? | cted under the laws of its jurisdiction of |
| 5. (Name of corporation after the amendment, adding suffix "corporation," "comparent contained in new name of the corporation) | ny," or "incorporated," or appropriate abbreviation, if |
| (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 dur | ation. |
| | |
| (New duration) | |
| 7. If the amendment changes the jurisdiction of incorporation, indicate new jur | isdiction. |
| (New jurisdiction) | |
| | |
| 8. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address: | enter the name of the |
| | |
| Name of New Registered Agent | |
| (Florida street address) | |
| New Registered Office Address: | , Florida(Zip Code) |
| (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: | and the little state of College and State of |
| I hereby accept the appointment as registered agent. I am familiar with and acc | cept the obligations of the position. |
| Signature of New Registered Agent, if changing | |

| 9 If the amend | dment changes person, title or capacity in ac | cordance with 607.1504 (4), indicate that | change: |
|---|--|---|--|
| Title Capacity | Name | Address | Type of Action |
| _C_ | LAGRA J. WILLIAMS | 7500 M. ELUSY RO | MAdd |
| | | SHITE A PANAMA CITY BCH. F | Remove |
| | | PHUAMA CITY DCH.,T | |
| | | | |
| | | | |
| | | | |
| | | | □Add |
| | | | Remove |
| | | | |
| | | | |
| 0. Attached is a of the application under the law | certificate or document of similar import, tion to the Department of State, by the Secres of which it is incorporated. | evidencing the amendment, authenticate etary of State or other official having custo | d not more than 90 days prior to delivery ody of corporate records in the jurisdiction |
| | MeDW | - L / | |
| 70 | a receiver or other | ector, president or other officer - if in the court appointed fiduciary, by that fiduciary, | hands of ary) |
| <u> </u> | Typed or printed name of person signing |) (Title o | r person signing) |

FILING FEE \$35.00