(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Limity Mainle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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A RAMSEY
JUL 29 2022

N/C Amena



· Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 7/28/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1058872

ORDER ENTITY

LLOYD'S REGISTER QUALITY ASSURANCE, INC.

PLEASE PERFORM THE FOLLOWING SERVICES: LLOYD'S REGISTER QUALITY ASSURANCE, INC. (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

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.

Thursday, July 28, 2022 Page 1 of 1

COVER LETTER

	ent Section Division of Corporate D'S REGISTER QUALITY ASS		
	Name	of Corporation	
DOCUMENT NU	MBER: F01000002833		
The enclosed Ame-	ndment and fee are submitted for	filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
COSEC			
	Name of Contact Person		
TMF US			
	Firm/Company	-	
80 SW 8th St. Ste.	2900		
· <u></u>	Address	-	
Miami, FL 33130			
	City/State and Zip Code		
cosec@tmf-group.	com		
E-mail addre	ss: (to be used for future annual re	eport notification)	
	ation concerning this matter, pleas		
COSEC	e of Contact Person	at (305) 377-1200 Area Code & Daytime 1	P. L. D. Niember
		Area Code & Daytime	retephone (vumber
Enclosed is a check	k for the following amount:		
\$35 Filing Fee	S43.75 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

SECTION I (1-3 MUST BE COMPLETED)

	PROFIT C	ORPORATION		
APPLICATION BY FORE				APPLICATION FOR
AU	THORIZATION TO TR.	ANSACT BUSINESS IN a.s. 607.1504, F.S.)	FLORIDA	<i>-2</i> , s
	(Pursuam t	0.8.007.1504, 1.3.7		
		ECTION I		
	(1-3 MUST	BE COMPLETED)		17 85 K
P	01000002833			3% R
	(Document number	r of corporation (if known)		9.
LOYD'S REGISTER QUALITY AS	SSURANCE, INC.			APPLICATION FOR
	of corporation as it appears	on the records of the Depa	rtment of State)
Delaware		3.05/25/2001		
(Incorporated un	der laws of)	(Date autho	orized to do bus	siness in Florida)
	er er	CTION II		
(4-7 COMPLETE ONLY		ANGES)	
If the amendment changes the name (· lando-Riotica - C
incorporation? 01/21/2022	of the corporation, when wa		r me iaws of its	Jurisaiction of
LRQA Inc.				
(Name of corporation after the amen-	dment, adding suffix "corp-	oration," "company," or "in	corporated," or	appropriate abbreviation, if
not contained in new name of the cor	poration)			
If the amendment changes the po	eriod of duration, indicate n	new period of duration.		
-	(Ne	w duration)		
If the amendment changes the ju	arisdiction of incorporation.	. indicate new jurisdiction.		
	(New	jurisdiction)		
If amending the registered agent a new registered agent and/or the ne			name of the	
Name of New Registered Agent	Universal Registered Age			
	1317 California Street			
	(Florida s	street address)		
	Tallahassee		32	304
New Registered Office Address:		ity)	, Florida	(Zip Code)
	<i>f</i> C	4)		(ray Couc)
New Registered Agent's Signature I hereby accept the appointment as r			digations of the	position.
/s/Stan Huser				
	Registered Soont if change			

Title/ Capacity	Name	<u>Address</u>	Type of Action
		· ··	Remove
			□Add
			□Add
			Remove
			Remove
	<u></u>		
Attached is a certificate of the application to the D under the laws of which i	or document of similar import, evidencin bepartment of State, by the Secretary of S t is incorporated.	ng the amendment, authenti- tate or other official having o	cated not more than 90 days prior to delive custody of corporate records in the jurisdiction
	Maria Isabel Gomez	Z	
	(Signature of a director, pres a receiver or other court app	sident or other officer - if in pointed fiduciary, by that fid	the hands of uciary)
Maria I. Gome			etary

FILING FEE \$35.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'LLOYD'S REGISTER
QUALITY ASSURANCE, INC.', FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO 'LRQA INC.' ON THE TWENTY-FIRST DAY OF
JANUARY, A.D. 2022, AT 5:04 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LRQA INC."

WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2000.



Authentication: 203941242

Date: 07-18-22