

To:

Page: 2 of 5

2024-01-24 1:20:04 PST

135-8277675

From: Kaity Toon

F08 000005183

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H24000033023 3))



H24000033023ABCR

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

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: _____

2024 JAN 24 AM 9:40

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN
ARMED FORCES SERVICES CORP.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$43.75 |

2024 JAN 24 PM 12:54

Electronic Filing Menu

Corporate Filing Menu

Help

[Handwritten signature]

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)

F08000005183

(Document number of corporation (if known))

1. Armed Forces Services Corporation

(Name of corporation as it appears on the records of the Department of State)

2. Virginia

3. 12/8/08

(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? January 10, 2024

5. Magellan Federal, Inc.

(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

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

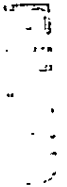
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504(4), indicate that change

| <u>Title</u> | <u>Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | _____ | Add |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | _____ | Add |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | _____ | Add |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | _____ | Add |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Remove |

2024 JAN 24 AM 9:40



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)

Camille Guillot, Asst. Secy

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

Commonwealth of Virginia



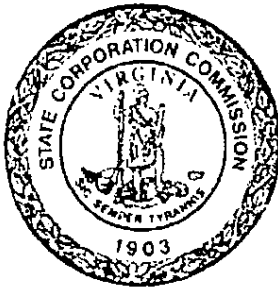
State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

The name of Armed Forces Services Corporation was changed to Magellan Federal, Inc. pursuant to a certificate of amendment issued by the Commission effective as of January 10, 2024.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 18, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission