

# F09000002478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

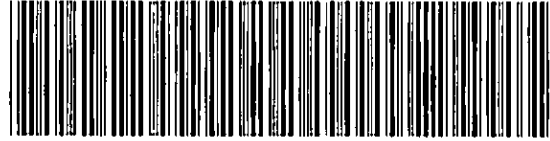
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUN -6 PM 3:28

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

N/C

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2022 JUN -6 PM 3:23

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUN 08 2022

D COAKLEY

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

ACCOUNT NO. : I20000000195

REFERENCE : 707857 8328389

AUTHORIZATION :

COST LIMIT \$ 35.00

ORDER DATE : May 25, 2022

ORDER TIME : 2:06 PM

ORDER NO. : 707857-095

CUSTOMER NO: 8328389

FOREIGN FILINGS

NAME: OLOGY BIOSERVICES, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Ology Bioservices, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F09000002478

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bianca Munoz

Name of Contact Person

National Resilience, Inc.

Firm/Company

9310 Athena Circle, Suite 130

Address

La Jolla, CA 92037

City/State and Zip Code

notices@resilience.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bianca Munoz

at (

888

737-2460

)  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 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**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F09000002478

(Document number of corporation (if known))

1. Ology Bioservices, Inc.  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware 3. 06/19/2009  
(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? 05/12/2022

5. Resilience Government Services, 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.

n/a  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

n/a  
(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

n/a

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

n/a

FILED  
2022 JUN -6 PM 3:28  
CLERK OF THE COURT  
JANET M. HARRIS

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

0. 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.

DocuSigned by:

*Ori Solomon*

81FF0F293D0E40F...

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ori Solomon

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "OLOGY BIOSERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "RESILIENCE GOVERNMENT SERVICES, INC." ON THE TWELFTH DAY OF MAY, A.D. 2022, AT 3:57 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.



Jeffrey W. Bullock, Secretary of State

4681188 8320  
SR# 20222626571

Authentication: 203600948  
Date: 06-06-22

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)