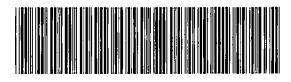
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SECRETARY OF STATE
TALLARIA SEE STATE

AND

COVER LETTER

TO: Amendme	nt Section Division of Corporation	ons		
SUBJECT:_SR TE	CHNICS AMENDMENT OF OF	FICERS		
50 00 00		of Corporation		
DOCUMENT NU	MBER: F1000000430			
	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this ma	tter to the followir	ıg:	
JOSEPH A. SERR	ONE			
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POLARIS TAX &	ACCOUNTING			
	Firm/Company			
150 S PINE ISLAN	ND ROAD STE 300			
	Address		_	
PLANTATION FL	, 33324			
	City/State and Zip Code		<u> </u>	
INFO@POLARIS	TAXANDACCOUNTING.COM			
E-mail addres	ss; (to be used for future annual r	eport notification)		
For further informa	tion concerning this matter, pleas	se call:		
JOSEPH A. SERR	ONE	704 at (947.3178	
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Enclosed is a check	for the following amount:			
335 Filing Fee		S43.75 Fi Certified Co	_	☐ \$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.)

FILED

SECTION I (1-3 MUST BE COMPLETED)

2025 JAN -7 AM 10: 28

(Document number of corporation (if known) TALL AHASSEE, FL SR TECHNICS AMERICA, INC. (Name of corporation as it appears on the records of the Department of State) (DELAWARE 3, 01/26/2010 (Incorporated under laws of) (Date authorized to do business in Florida) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation 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) If the amendment changes the period of duration, indicate new period of duration. (New duration) (New duration) 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) Florida (Zip Code)	F100	00000430	SECR4	TABLE OF THE
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		(Florida street address)		
(City) (Zip Code)	New Registered Office Address:		, Florie	da
		(City)		(Zip Code)
	sereby accept the appointment as regi	istered agent, I am familiar with and acc	cept the obligations of	of the position.
New Registered Agent's Signature, if changing Registered Agent:	vereby accept the appointment as regi	istered agent. I am familiar with and ac	cept the obligations o	of the pa

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

Litter Capacity	Nanc	Variation	Execut Action
SECGM	LEONARD LUMP	645 PARK OF COMMERCE WAY	@Add
		BOCA RATON, FL 33487	Remove
r 	OWEN MCCLAVI.	P.O. Box 8058	
		Zurich Airport Switzerland	Ckemove
v 	ANDRE HUBER	P.O. Box 8058	QAdd
		Zurich Airport Switzerland	CRemove
т	Yujie Zheng	P.O. Box 8058	
		Zurich Airport Switzerland	Remove
SEC/GM	CAROLINE VANDEDRINCK	645 PARK OF COMMERCE WAY	
		BOCA RATON, FL 33487	
Attached is a of the applica under the law	certificate or document of similar impo- ation to the Department of State, by the Se es of which it is incorporated.	rt, evidencing the amendment, authenticated no cretary of State or other official having custody	n more than 90 days prior to delivery of corporate records in the jurisdiction
	(Signature of a d	rector, president or other officer - if in the han- er court appointed fiduciary, by that fiduciary)	ds of
LEONARI		GENERAL MANA	
	(Typed or printed name of person signif	ng) (Title of per	son signing)

FILING FEE \$35,00

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change Title/ Capacity Name Address Lype of Action OWEN MCCLAVE MARK IGASSE 11 $\square Add$ KOTEN SWITZERLAND 8302 OC **⊡**Remove ANDRE HUBER BASLERSTRASSE 117 \square Add ZIRICH SWITZERLAND 8048 OC Remove T SILVA EDGAR RINSTRASSE 49 **□**Add BUCHS ZH SWITZERLAND 8107 OC Ekeniove \square Add Remove \square Add Remove 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)

FILING FEE \$35.00

GENERAL MANAGER

(Title of person signing)

LEONARD LUMP

(Typed or printed name of person signing)