

FI10000002579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

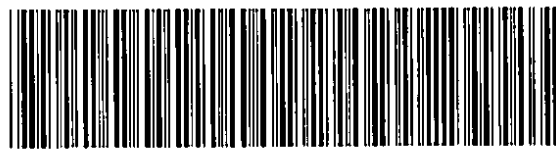
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Amend

RECEIVED  
TALLAHASSEE, FLORIDA

2023 JUL -6 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUL -6 PM 1:24

RECEIVED

FILED

A. RAMSEY

JUL - 7 2023



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 07/06/2023

Name: Merritt

Reference #: 2057777

Entity Name: SOLIDIFI U.S. INC.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$35

Signature: *mm*

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Solidifi U.S. Inc.

Name of Corporation

**DOCUMENT NUMBER:** F11000002579

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay Greenspoon

Name of Contact Person

Solidifi U.S. Inc.

Firm/Company

701 Seneca Street, Suite 660

Address

Buffalo, NY 14210

City/State and Zip Code

corporatelegal@solidifi.com

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

For further information concerning this matter, please call:

Jay Greenspoon

416

580-6406

at ( )

Name of Contact Person

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.)

**FILED**  
**2023 JUL -6 PM 1:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

F11000002579

\_\_\_\_\_  
(Document number of corporation (if known))

Solidifi U.S. Inc.

1. \_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware 3. June 21, 2011  
(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? \_\_\_\_\_

5. \_\_\_\_\_  
(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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Chief Financial Officer and Treasurer	Rodrigo Pinto	701 Seneca Street, Suite 660, Buffalo, NY 14210	<input checked="" 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

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.

DocuSigned by:

*Colleen McCafferty*

E095A2155C5E477

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

Colleen McCafferty

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35.00**