F12000002717

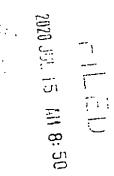
| (Requestor's Name) | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: Amendment | Section Division of Corporatio | ns | 0.00 |
|-------------------------|--|--|---|
| SUBJECT: | AYON CYBE | R SECURITY[]]. | |
| | Name | of Corporation | |
| DOCUMENT NUMB | BER: F1200000 | 2717 | |
| The enclosed Amendr | nent and fee are submitted for | filing. | |
| Please return all corre | spondence concerning this mat | ter to the following: | |
| Grego | ry L. Osboi | ² 'N | |
| 1 | lame of Contact Person | | |
| AYON | CYBERSECVI Firm/Company | RITY | |
| | Firm/Company | | |
| 513 | 55 King Str | eet | |
| | Address | | |
| Co | COA, FL 329 | $\Im \ell$ | |
| | City/State and Zip Code | · | |
| 90sk | orn @ videodis | play, com | |
| | (to be used for future annual re | 1 | |
| For further informatio | n concerning this matter, pleas | e call: | |
| Gregory | L. Osborn | _at (<u>678</u>) <u>770</u> Area Code & Daytime T | - 0666 |
| Wante & | Contact Person | Area Code & Daytime T | elephone Number |
| Enclosed is a check for | r the following amount: | | |
| _ | □ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee, Certificate of Status of 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



July 1, 2020

GREGORY L. OSBORN 5155 KING STREET COCOA, FL 32926

SUBJECT: AYON CYBERSECURITY INC.

Ref. Number: F12000002717

We have received your document for AYON CYBERSECURITY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00012935

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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)

| | F120000 | 002717 | 7 | | | | |
|---|-------------------------------|-------------------------|--------------------|------------|----------------|----------------------|-----------|
| | (Document numb | er of corporation | on (if known) | | | | |
| AYON CYBE | RSECURII | ΓΥ | | | | | |
| 1. | orporation as it appear | | s of the Departme | nt of Stat | e) | | |
| 2. Georgia (Incorporated under la | | 3 | ゴレハモ | 78, | 2012 | | |
| (Incorporated under la | aws of) | •``• | (Date authorize | d to do b | usiness in Fl | orida) | |
| (4-7 (| SI COMPLETE ONLY | ECTION II THE APPLIC | CABLE CHANG | ES) | | | |
| 4. If the amendment changes the name of the incorporation? | | • | | laws of i | ts jurisdictio | n of | |
| (Name of corporation after the amendmen not contained in new name of the corporation after the corporatio | nt. adding suffix "corpation) | ooration," "com | npany," or "incorp | orated." o | or appropriat | e abbrevic | ation. it |
| (If new name is unavailable in Florida, ent | ter alternate corporate | name adopted | for the purpose of | f transact | ing business | in Florida | 1} |
| 6. If the amendment changes the period | I of duration, indicate | new period of | duration. | | | | |
| | | | | | | | |
| | (N | ew duration) | | | £-5. | ان 2020 تا | -, |
| 7. If the amendment changes the jurisdi | iction of incorporation | ı, indicate new | jurisdiction. | | | 2020 JUL 15 AH 8: 50 | |
| | (Ne | w jurisdiction) | | | • | 料 8: | - |
| 8. If amending the registered agent and/o new registered agent and/or the new re | | | da, enter the nan | ie of the | • | | ; |
| Name of New Registered Agent | | | . | | | | |
| | (Florida | street address) | | <u>-</u> | | | |
| New Registered Office Address: | ((| City) | · | Florida_ | (Zip Code) | | |
| New Registered Agent's Signature, if o | changing Registered | Agent: | | | | | |
| I hereby accept the appointment as regist | | | accept the obligat | ions of th | ie position | | |
| | | | | | | | |
| Signature of New Regis | stered Agent, if chang | ing | | | | | |

| Title/ Capacity | <u>Name</u> | <u>Address</u> | Type of Action |
|--|--|---|--|
| President | Arthur V. Mengel | 5155 King St. WOOAF | 32926 19Add |
| | | | Remove |
| | | | □Add |
| | | | Remove |
| | | | Qadd |
| | | | Qremove |
| | | | DAJd |
| | | | Remove |
| | | | DAdd |
| | | | Remove |
| 10. Attached is a of the application under the law | certificate or document of similar import, evition to the Department of State, by the Secretars of which it is incorporated. | idencing the amendment, authenticated not ry of State or other official having custody o | more than 90 days prior to delive t corporate records in the jurisdiction |
| | (Signature of a director a receiver or other co | or, president or other officer - if in the hand urt appointed fiduciary, by that fiduciary) | s of |
| | Gregory L. Osborn Gregory L. Osborn | Title of pers | on signing) |

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

FILING FEE \$35.00