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Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN KATENA PRODUCTS, INC.

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APR 1 6 2021

## 2021-04-15 06:25:25 CST

## 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)

F13000001582

	(Document num	her of corporation (if known)				
Katena Products, Inc						
(N	ame of corporation as it appea	ars on the records of the Depart	ment of State)			
New Jersey		3, 04/11/2013				
(Incorporate	ed under laws ot)	(Date authori	zed to do busi	ness in i	Florida	)
		SECTION II Y THE APPLICABLE CHAN	NGES)			
If the amendment changes the mincorporation?	•	=	he laws of its j	urisdict	ion of	
(Name of corporation after the not contained in new name of the	amendment, adding suffix "co ne corporation)	rporation," "company," or "inco	orporated," or a	фргоргі	iate abb	previation.
(If new name is unavailable in F	lorida, enter alternate corporat	te name adopted for the purpose	of transacting	<u>busine</u>	岩 ss:in Fl	lorida)
6. If the amendment changes	the period of duration, indicat	e new period of duration.			<u>.</u>	<del></del> -
	(3	New duration)			PM 12: 21	
7. If the amendment changes	the jurisdiction of incorporation	on, indicate new jurisdiction.	•	31.9	26	
	(N	ew jurisdiction)				
If amending the registered agnew registered agent and/or t			ame of the			
Name of New Registered A	gent					
	(Florida	a street address)				
New Registered Office Addre	<u>wa</u> :	.C. :	Florida	7: 7: 1		_
	•	(С цу)	17	ир Соа	e)	
New Registered Agent's Sign Thereby accept the appointmen	ws: ature, if changing Registered	(City) d Agent: amiliar with and accept the oblig	17	Zip Code	(e)	-

From: Kimberly Laughrey

(Title of person signing)

9.	If the amendment	changes person,	title or capacity	in accordance	e with 607,1504	(4), indicate that change:
----	------------------	-----------------	-------------------	---------------	-----------------	----------------------------

Title/ Capacity	<u>Name</u>	Address	Type of Action
	Mark Fletcher	6 Campus Drive, Suite 310	Add
		Parsippany, NJ 07054	l×temove
CEO	Stephen Blazejewski	6 Campus Drive, Suite 310	× Add
		Parsippany, NJ 07054	L.Remove
			Add
			L.Remove
			Add
		<del></del>	L.Remove
			Add
			Remove
Attached is a of the application under the lay	a certificate or document of similar ation to the Department of State, by as of which it is incorporated.	import, evidencing the amendment, authenticate the Secretary of State or other official having cust	d not more than 90 days prior to delivery ody of corporate records in the jurisdiction
	RE Earle		
	(Signalure a recyiver	of a director, president or other officer - if in the or other court appointed fiduciary, by that fiduciary CFO	hands of ary)
Robert Ear	lev	CFO	

FILING FEE \$35.00

(Typed or printed name of person signing)