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From: Ranae McGraw

6/7/2021 Division of Corporations

## Vlorida Department of State Division of Corporations Livision of Corporations Plining Cover Sheet

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Division of Corporations
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Account Number : FCA000000023
Phone : (614)280-3338
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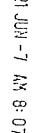
COR AMND/RESTATE/CORRECT OR O/D RESIGN KATENA PRODUCTS, INC.

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From: Ranae McGraw

## 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)

F1300	0001582	
<del></del>	(Document number of corporation (if known)	
Katena Products, Inc.		
(Name of co	rporation as it appears on the records of the Department of State)	
New Jersey	3. 04/11/2013  (Date authorized to do business	
(Incorporated under to	(Date authorized to do business	in Florida)
(4-7 (	SECTION II COMPLETE ONLY THE APPLICABLE CHANGES)	
<del></del>	corporation, when was the change effected under the laws of its juris	diction of
(Name of corporation after the amendmen not contained in new name of the corpora	nt. adding suffix "corporation," "company," or "incorporated," or appri- tion)	opriate abbreviation, i
(If new name is unavailable in Florida, ent	er alternate corporate name adopted for the purpose of transacting bus	iness in Florida)
6. If the amendment changes the period	of duration, indicate new period of duration.	
	(New duration)	202 TAL
7. If the amendment changes the jurisdi	ction of incorporation, indicate new jurisdiction.	ALLAHASSE
	(New jurisdiction)	
	r registered office address in Florida, enter the name of the	
new registered agent and/or the new re	gistered office address:	>: = = = = = = = = = = = = = = = = = = =
Name of New Registered Agent		<del></del>
<del></del>	(Florida street address)	_
New Registered Office Address	, Florida, <i>(City)</i>	
		.oaej
New Registered Agent's Signature, if c	hanging Registered Agent: ered agent.—Lam familiar with and accept the obligations of the posit	ion.
The state of the s		
Signature of New Regis	tered Agent, if changing	

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

Title/ Capacity	<u>Name</u>	Address	Type of Action
CEO	Robert Farley	6 Campus Drive, Suite 310	Add
		Parsippany, NJ 07054	N Remove
CEO.	Stephen Blazejewski	6 Campus Drive, Suite 310	× Add
		Parsippany, NJ 07054	L.3emove
			Add
			L.3emove
			Add
			l_Remove
			Add
			Remove

40. 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)

Robert Earley

\_\_\_

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

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