

F14000001093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

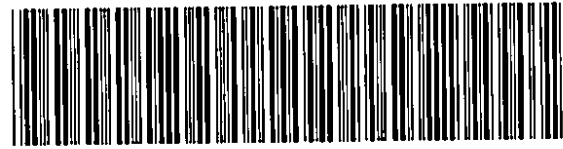
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000433249380

NIC Amend

FILED
2024 JUL 22 AM 10:51
RECEIVED
2024 JUL 22 AM 9:59
CLERK OF SUPERIOR COURT
HALL COUNTY, GEORGIA

JUL 23 2024
A RAMSEY

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/22/2024
Acc#I20160000072

enc SW

Name:	Encounter Care Solutions, Inc
Document #:	
Order #:	15777757

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____

Document _____

Examiner _____

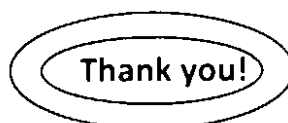
Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: \$ **43.75**



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Encounter Care Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER: F14000001093

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Grant-Koehler

Name of Contact Person

Greenberg Traurig, LLP

Firm/Company

2375 East Camelback Road, Suite 800

Address

Phoenix, AZ 85016

City/State and Zip Code

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

For further information concerning this matter, please call:

Lori Grant-Koehler

at (602) 445-8342

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.)

SECTION I
(1-3 MUST BE COMPLETED)

F14000001093

(Document number of corporation (if known))

1. ENCOUNTER CARE SOLUTIONS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 03/11/2024

(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? 06/18/2024

5. CYBERFUELS HOLDING COMPANY, INC.

(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:

(City)

Florida

(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.

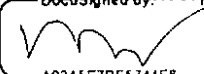
Signature of New Registered Agent, if changing

FILED
2024 JUL 22 AM 10:51
NOT RECORDED
NOT RECORDED

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>
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
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<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<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.


A03A5E7BE5744E8

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

Ronald W. Mills, SR
(Typed or printed name of person signing)

Chairman and CEO
(Title of person signing)

FILING FEE \$35.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ENCOUNTER CARE
SOLUTIONS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "CYBERFUELS HOLDING COMPANY, INC." ON THE EIGHTEENTH DAY
OF JUNE, A.D. 2024, AT 3:28 O'CLOCK P.M.


Jeffrey W. Bullock, Secretary of State

2694188 8320
SR# 20243190301

Authentication: 203971162
Date: 07-19-24

You may verify this certificate online at corp.delaware.gov/authver.shtml