

F14 000002615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

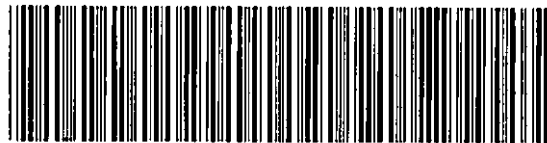
(Document Number)

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MAY 30 2024

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2024 APR 30 PM 11:38  
CLERK OF COURT  
JULIA A. HARRIS

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** APPLICATION FOR REFLECTING NAME CHANGE

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** AMERICAN CYBERSYSTEMS, INC.  
\_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIA CAMP  
\_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

INNOVA SOLUTIONS, INC.  
\_\_\_\_\_

\_\_\_\_\_  
Firm/Company

1455 LINCOLN PARKWAY, SUITE 450  
\_\_\_\_\_

\_\_\_\_\_  
Address

DUNWOODY, GA 30346  
\_\_\_\_\_

\_\_\_\_\_  
City/State and Zip Code

JULIA.CAMP@INNOVASOLUTIONS.COM  
\_\_\_\_\_

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

For further information concerning this matter, please call:

JULIA CAMP  
\_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

at ( 213 ) 797-4537

\_\_\_\_\_  
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)**

F14000002618

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

1. AMERICAN CYBERSYSTEMS, INC.

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

2. GEORGIA

\_\_\_\_\_  
(Incorporated under laws of)

3. 6/9/2014

\_\_\_\_\_  
(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? 1/1/2023

5. INNOVA SOLUTIONS, 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.

PERPETUAL

\_\_\_\_\_  
(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

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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>
_____	_____	_____	<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
_____	_____	_____	<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.

*Richard Escoffery*

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

Richard Escoffery

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE \$35.00**

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFIED COPY

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

**Innova Solutions, Inc.**  
a Domestic Profit Corporation

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 26786302  
Date Inc/Auth/Filed: 08/05/1998  
Jurisdiction : Georgia  
Print Date : 02/28/2024  
Form Number : 215



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF MERGER — NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby issue this certificate pursuant to Title 14 of the Official Code of Georgia Annotated certifying that articles or a certificate of merger and fees have been filed regarding the merger of the below entities, effective as of **01/01/2023**. Attached is a true and correct copy of the said filing.

**Surviving Entity:**

AMERICAN CYBERSYSTEMS, INC., a Domestic Profit Corporation

**Changing its Name to:**

Innova Solutions, Inc., a Domestic Profit Corporation

**Nonsurviving Entity/Entities:**

INNOVA SOLUTIONS INC., a Foreign Profit Corporation

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **12/21/2022**.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State