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(((H24000182356 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone Fax Number

: (855)498-5500 : (800)432-3622

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

Email Address:	
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### COR AMND/RESTATE/CORRECT OR O/D RESIGN KOFILE TECHNOLOGIES, INC.

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SUBMISSION 5/21/24 r	DAT	E-OF≘
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## **FAX TRANSMITTAL**

To:

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Leslie Sellers

Name: Email:

lsellers@capitolservices.com

Fax No: 800-432-3622 Voice No: 855-498-5500

Subject: H24000182356

H24000182356

850-617-6381

5/22/2024 7:09:51 AM PAGE 1/001 Fax Server



May 21, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

KOFILE TECHNOLOGIES, INC. 6300 CEDAR SPRINGS ROAD DALLAS, TX 75235

SUBJECT: KOFILE TECHNOLOGIES, INC.

REF: F15000000658

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The affidavit by foreign corporation to change/add officers can only be filed suring the first calendar year of the qualification. You will need to file an amendment or an amended annual report to make the changes.

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.

Tamm1 Cline FAX Aud. #: B24000182356

Regulatory Specialist II Supervisor Letter Number: 924A00011156

#### **COVER LETTER**

H24000182356

TO: Amendme	nt Section Division of Corporation	ons	
SUBJECT: Ko	file Technologies, Inc.		
		of Corporation	
DOCUMENT NU	MBER: F15000000658	<u> </u>	<u></u>
The enclosed Amer	ndment and fee are submitted for	filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
Michael Strachan			
	Name of Contact Person		
Kofile Technologie	es, Inc.		
	Firm/Company		
6300 Cedar Spring	s Road		
	Address		
Dallas, Texas 752	35		
	City/State and Zip Code		
Legal@Kofile.com			
E-mail addres	s: (to be used for future annual r	eport notification)	
For further informa	tion concerning this matter, pleas	se call:	
Michael Strachan		649 949-0806 at ( )	
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

FILED

2024 HAY 21 PM 1:41

# 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.)

H24000182356

#### SECTION I (1-3 MUST BE COMPLETED)

F1500	00000658	
<del></del>	(Document number of corporation (if known)	
Kofile Technologies, Inc.		
	orporation as it appears on the records of the Depart	ment of State)
Delaware	3. February 15, 2015	
(Incorporated under	laws of) (Date author	ized to do business in Florida)
(4-7	SECTION II COMPLETE ONLY THE APPLICABLE CHA	NGES)
If the amendment changes the name of the incorporation?	e corporation, when was the change effected under	the laws of its jurisdiction of
(Name of corporation after the amendme not contained in new name of the corporation	ent, adding suffix "corporation," "company," or "incontion)	orporated," or appropriate abbreviation
(If new name is unavailable in Florida, en	nter alternate corporate name adopted for the purpose	e of transacting business in Florida)
. If the amendment changes the period	d of duration, indicate new period of duration.	
	(New duration)	<del></del>
. If the amendment changes the jurisd	iction of incorporation, indicate new jurisdiction.	
	(New jurisdiction)	<del></del>
If amending the registered agent and/o	or registered office address in Florida, enter the r	name of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
		(74) Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regist	changing Registered Agent; tered agent. I am familiar with and accept the obli-	gations of the position.
Signature of New Regi	stered Agent, if changing	

H24000182356

Title/ Capacity	Name	Address	Type of Action
Director,	Tim Collins	6300 Cedar Springs Road	
		Dallas, TX 75235	
Director,	Tim Wilson	6300 Cedar Springs Road	
		Dallas, TX 75235	Ckemove
			CRemove
			□Add
			Ckemove
			Remove
. Attached is a of the applica under the law	certificate or document of similar imp tion to the Department of State, by the S s of which it is incorporated.	ort, evidencing the amendment, auth secretary of State or other official have	enticated not more than 90 days prior to de ing custody of corporate records in the jurisd
		Michael Staachan	
	(Signature of a a receiver or of	director, president or other officer - ither court appointed fiduciary, by tha	f in the hands of t fiduciary)
	Michael Strachan	• • •	Secretary

FILING FEE \$35.00