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Account Number : I20040000167 Phone : (305)377-0809

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN UNITRANSFER U.S.A., INC.

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To:

## 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)

F15000	1 3 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
<del></del>	(Document number of corporation (if known)	
UNITRANSFER U.S.A., INC.		
(Name of corp	poration as it appears on the records of the Department of	State)
DELAWARE	3. 05/01/2018	
(Incorporated under law	vs of) (Date authorized to d	lo business in Florida)
	SECTION II	2
(4-7 CC	OMPLETE ONLY THE APPLICABLE CHANGES)	2024
If the amendment changes the name of the c	corporation, when was the change effected under the laws	<b>"T</b> "F
incorporation?		<u> </u>
(Name of corporation after the amendment,	adding suffix "corporation," "company," or "incorporated	d," or appropriate abbreviation
not contained in new name of the corporation	on)	3
Uf new name is unavailable in Florida, enter	alternate corporate name adopted for the purpose of trans	C1
If the amendment changes the period of	f duration, indicate new period of duration.	
	(New duration)	
	(New duration)	
If the amendment changes the jurisdicti	ion of incorporation, indicate new jurisdiction.	
_	(New jurisdiction)	
	(e.v.jan.knenon)	
	registered office address in Florida, enter the name of	the_
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent	·	
	(Florida street address)	
New Registered Office Address.		dada
	(Cny)	(LIP Coae)
New Registered Agent's Signature, if cha	anging Registered Agent:	of the position
т негену ассері іне арроінітелі as registeri	red agent. I am familiar with and accept the obligations of	н ше роѕтоп.
Signature of New Register	prod Agent, if changing	
əignatüte ot iyew kegistel	а ен мусин. 11 спапушу	

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

Title/ Capacit	<u>Name</u>	Address	Type of Action
Director	Carl F. Braun	3350 SW 148th Avenue, Suite 110	
		Miramar, FL 33027	Remove
			Скеточе
			QAdd 12:
			Remove—
			□Add <u>\$</u> ?
			C:
			Remove
of the application of the of the application of the law	a certificate or document of similar import, e ation to the Department of State, by the Secret ws of which it is incorporated.	videncing the amendment, authenticated not ary of State or other official having custody o	t more than 90 days prior to delivery of corporate records in the jurisdiction
	(Signature of a direct	tor, president or other officer - if in the hand	
	a receiver or other co	ourt appointed fiduciary, by that fiduciary)	8 01
	Frantz Kernisant	Director	
	(Typed or printed name of person signing)	(Title of pers	on signing)