

WAT

# F15000002397

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

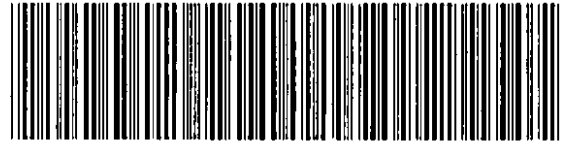
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Gravie, Inc.  
Name of Corporation

DOCUMENT NUMBER: F15000002397

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Cook  
Name of Contact Person

Gravie, Inc  
Firm/Company

10 NE 2nd Street, Suite 300  
Address

Minneapolis, MN, 55413  
City/State and Zip Code

compliance@gravie.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Cook at ( 612 ) 355-1590  
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



10 NE 2<sup>nd</sup> Street, Suite 300  
Minneapolis, MN 55413

October 2<sup>nd</sup>, 2024

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Change of Officer Title for Gravie, Inc

Dear Sir/Madam:

Please find completed form to update the title for Gravie, Inc officer, Abir Sen, along with the necessary payment. Mr.Sen previously held the role of Chief Executive Officer, but he has resigned from that role and now holds the title of Chairman of the Board.

If you have any questions, please contact me at, [compliance@gravie.com](mailto:compliance@gravie.com).

Regards,

*Amanda Cook*

Amanda Cook  
Compliance Analyst  
Gravie

ENCLS  
Florida DOS, Division of Corporations  
Application by Foreign Profit Corp to File Amendment  
Check # 8032

**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)**

F15000002397  
\_\_\_\_\_  
(Document number of corporation (if known))

1. Gravie, Inc.  
\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 06/03/2015  
\_\_\_\_\_  
(Incorporated under laws of) (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? \_\_\_\_\_
5. \_\_\_\_\_  
(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:* \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

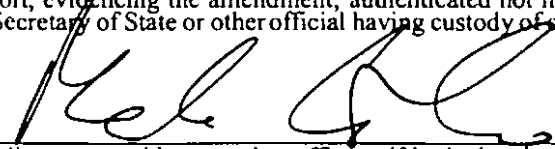
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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>
Chief Executive Officer	Abir Sen	10 NE 2nd Street, Suite 300, Minneapolis MN, 55413	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Chairman of the Board	Abir Sen	10 NE 2nd Street, Suite 300, Minneapolis MN, 55413	<input checked="" 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.



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

Marek Ciolko  
(Typed or printed name of person signing)

Chief Operating Officer & President  
(Title of person signing)

FILING FEE \$35.00