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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088

Phone : (800)221-0102

Fax Number : (800)944-6607

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

Email Address: roberto.villasana@4finance.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN 4F SALES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
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From: Jeffrey Cohen

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Fax: 12123791961

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To:

Fax: (850) 617-6380

Page: 2 of 6

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COVER LETTER

| SUBJECT: 4F SA | Name | of Corporation | | |
|----------------------|--|--------------------------------|-------------|--|
| DOCUMENT NU | MBER: F15000002708 | | | |
| | ndment and fee are submitted for | filing. | | |
| Please return all co | orrespondence concerning this ma | tter to the following: | | |
| Roberto A Villasa | na | | | |
| | Name of Contact Person | | | |
| 4F SALES, INC. | | | | |
| | Firm/Company | ···· , <u>s</u> . , <u>s</u> . | | |
| 18851 NE 29th A | VE Suite 410 | | | |
| | Address | | | |
| Miami, FL 33180 | | | | |
| | City/State and Zip Code | | | |
| roberto.villasana@ | 4finance.com | | | |
| E-mail addre | ess: (to be used for future annual re | eport notification) | | |
| For further inform | ation concerning this matter, pleas | se call: | | |
| Roberto A Villasa | na | 954 _ at () | 706-9132 | |
| Nam | e of Contact Person | Area Code | & Daytime T | elephone Number |
| Enclosed is a chec | k for the following amount: | | | |
|]\$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | | _ | ☐ \$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

Fax: (850) 617-6380

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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)

| (Document number of corporation (if known) 4F SALES, INC. (Name of corporation as it appears on the records of the Department of State) Delaware 3, 06/22/2015 (Incorporated under laws of) (Date authorized to do business in Fl SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdictio incorporation? (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate 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 of the amendment changes the period of duration, indicate new period of duration. | on of ate abbreviat |
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| (Name of corporation as it appears on the records of the Department of State) Delaware 3, 06/22/2015 (Incorporated under laws of) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdictio incorporation? (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate 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 of the amendment changes the period of duration, indicate new period of duration. | on of ate abbreviat as in Florida) |
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| (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate 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. 6. If the amendment changes the period of duration, indicate new period of duration. | s in Florida) |
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| 6. If the amendment changes the period of duration, indicate new period of duration. | |
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| 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. | |
| | - |
| (New jurisdiction) | |
| | |
| 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) , Florida (Zip Code) | _ |
| (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. | |

Fax: 12123791961

To:

Fax: (850) 617-6380

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

| Title/ Capacity | <u>Name</u> | <u>Address</u> | Type of Action |
|--|---|---|--|
| President/ Secretary | Gabriel Eduardo Sinopoli | 18851 NE 29th AVE, SUITE 410 | |
| | | Miami, FL 33180 | Remove |
| President/ Secretary | Roberto Antonio Villasana | 18851 NE 29th AVE, SUITE 410 | |
| | | Miami, FL 33180 | |
| Vice Pres | Desirce Judith De Paul | 18851 NE 29th AVE, SUFTE 410 | 🗹 Add |
| | | Miami, FL 33180 | |
| | | | |
| | | | CRemove |
| | | | □Add |
| | | | Remove |
| Attached is a of the applica under the law | certificate or document of similar import, extion to the Department of State, by the Secrets of which it is incorporated. | videncing the amendment, authenticated no ary of State or other official having custody of | t more than 90 days prior to delivery of corporate records in the jurisdiction |
| | | ZZJ3 | |
| | (Signature of a direct a receiver or other co | or, president or other officer - if in the hand ourt appointed fiduciary, by that fiduciary) | is of |
| | Roberto A. Villasana | Preside | ent |
| | (Typed or printed name of person signing) | (Title of pers | son signing) |

FILING FEE \$35.00

State of Delaware

Amended Annual Franchise Tax Report

| CORPORATION NAME 4F SALES, INC. | | TAX VR 2019 |
|---|--|-----------------------------|
| FILE NUMBER INCORPORATION DATE RENEWAL/REVOCATION DATE 5697577 2015/02/23 | ξ | |
| PRINCIPAL PLACE OF BUSINESS 18851 NE 29TH AVE, SUITE 410 MIAMI, FL 33180 | | (305)330-4707 |
| COGENCY GLOBAL INC. 850 NEW BURTON ROAD SUITE 201 DOVER DE 19904 | | AGENT NUMBE 9070044 |
| BEGIN DATE END DATE STOCK CLASS COMMON | NO. OF SHARES PAR VALUE? SHARE 200,000 .0100000000 | |
| OFFICER NAME | STREET/CITY/STATE/ZIP | TITLE |
| ROBERTO ANTONIO VILLASANA | 18851 NE 29TH AVE, SUITE 410 MIAM!, FL 33180 | PRESIDENT & SECRETARY |
| DIRECTORS NAME. ROBERTO ANTONIO VILLASANA | STREET/CITY/STATE/ZIP 18851 NE 29TH AVE, SUITE 410 MAIMI, FL 33180 | |
| DESIREE JUDITH DE PAUL | 18851 NE 29TH AVE, SUITE 410 MAIMI, FL 33180 | |
| | | |
| | | |

NOTICE: Pursuant to 8 Del. C. 502(b), If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury.

BUHORIZED BY (OFFICER, DIRECTOR OR INCOMPORATOR)

ROBERTO

AUTHORIZED BY (OFFICER, DIRECTOR OR INCOMPORATOR)

PRESIDENT

DOTTOR: **PURSUANT OFFICER

DOTTOR: **DIRECTOR OR INCOMPORATOR)

PRESIDENT

PRESIDENT

PURSUANT OFFICER

PRESIDENT

**P

18851 NE 29TH AVE, SUITE 410

MIAMI, FL 33180 US

From: Jeffrey Cohen

Fax: 12123791961

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State of Delaware

Amended Annual Franchise Tax Report

| 4F SALES, INC. | AHE. | | | | TAX YR. 2019 |
|----------------------------------|-------------------------------------|--------------------------|----------------|-------------------------------|-------------------------------------|
| FILE NUMBER FEDERAL EMPLOYER I | 0 NO. | | | | <u> </u> |
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| TOTAL NUMBER OF SHA | ARES 1550ED | TOTAL GROSS ASSETS | | | ASSET DATE |
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| Franchise Tax \$1,865.00 | Penalty \$0.00 | 1.5% Monthly I \$0.00 | interest | Annual filing Fee \$100.00 | Prev Credit or Balance (\$1,915.00) |
| Prepaid Orty. Payments \$0.00 | Amount Due \$50.00 | | ount Paid | Check Number | İ |