

FILED 000002944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

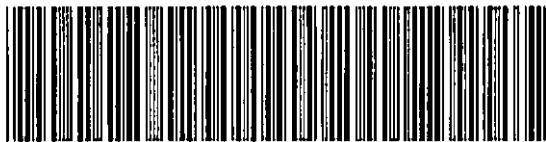
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/31/2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALTIUS USA CORP.

DOCUMENT NUMBER: F16000002944

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shanshan Liang

Name of Contact Person

Pennington P.A.

Firm/ Company

215 South Monroe Street, Suite 200

Address

Tallahassee, FL 32301

City/ State and Zip Code

sliang@penningtonlaw.com

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

For further information concerning this matter, please call:

Shanshan Liang

at (850) 222-3533

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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)

F16000002944

(Document number of corporation (if known))

1. ALTIUS USA CORP

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

2. California

(Incorporated under laws of)

3. 6/3/2015

(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

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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>
ST	Jamie Garcia-Maurino	671 W 18TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO	Jamie Garcia-Maurino	671 W 18TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Sarahis Hernandez	671 W 18TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CFO	Borja Fernandez Diaz	671 W 18TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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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)

Sarahis Hernandez

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00