Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000241475 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: VCORP SERVICES, LLC Account Name

Account Number : 120080000067 Phone |

: (845)425-0077

Fax Number

: (845)818-3588

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

Email Address:

ൂട്ട് COR AMND/RESTATE/CORRECT OR O/D RESIGN EASSOCIATION CAPITAL ASSURANCE, LTD. CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

lamechs

SEP 14 2017

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

## 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.)

	(Pursuant to \$. 607.1304, F.S.)
F1600000453	SECTION I (1-3 MUST BE COMPLETED)  Tunnent number of corporation (if known)
— — — — — — — — — — — — — — — — — — —	cument number of corporation (if known)
Association Capital Assurance, Ltd. Corp.	
Name of corporation	n as it appears on the records of the Department of State)
•	المنت
Delawate	October 13, 2016  (Date authorized to do business in Florida)
(Incorporated under laws of	(Date attinomized to do dustriess in Figure )
(4-7 com	SECTION II PLETE ONLY THE APPLICABLE CHANGES)
A TO I was always changes the name of	the corporation, when was the change effected under the laws of
4. If the amendment changes me mante of	mber 7, 2017
its jurisdiction of incorporation? Septe	
Axela Technologies, Inc.	or "comparated " or
	ient, adding suffix "corporation," "company," or "incorporated," or new name of the corporation)
business in Florida)	enter alternate corporate name adopted for the purpose of transacting
6. If the amendment changes the period of	duration, indicate new period of duration.
	(New duration)
7. If the amendment changes the jurisdiction	ion of incorporation, indicate new jurisdiction.
	(New jurisdiction)
8. Attached is a certificate or document o 90 days prior to delivery of the applica having custody of corporate pecords in	fi similar import, evidencing the amendment, authenticated not more than tion to the Department of State, by the Secretary of State or other official the jurisdiction under the laws of which it is incorporated.
	)  \lambda
of a receive	of a director, president or other officer - if in the hands or or other court appointed fiduciary, by that fiduciary)  CEO
Martin Urruela	(Title of person signing)
(Typed or printed name of person	off-im/8)

## Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAMARE, DO HEREBY CERTIFY THAT THE SAID "ASSOCIATION CAPITAL

ASSURANCE, LTD.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "AXELA TECHNOLOGIES, INC." ON THE SEVENTH DAY OF

SEPTEMBER, A.D. 2017, AT 5:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXELA TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2016.



Authentication: 203199240

Date: 09-11-17

6167613 8320 SR# 20176099629