Florida Department of State

Division of Corporations

Florida Department of State

Division of Corporations

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN AB ENZYMES, INC.

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S. ROBERTS

JUL - 5 2023

From: David 1

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F17000001686

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) | |
|---|---|----------------------------------|
| AB Enzymes, Inc. | | |
| | oration as it appears on the records of the Department of | |
| Delaware | April 13, 2017 s of) (Date authorized to d | |
| (Incorporated under laws | s of) (Date authorized to d | o business in Florida) |
| (4-7 CO | SECTION H MPLETE ONLY THE APPLICABLE CHANGES) | |
| If the amendment changes the name of the co- incorporation? | rporation, when was the change effected under the laws | of its jurisdiction of |
| (Name of corporation after the amendment, a not contained in new name of the corporation | adding suffix "corporation," "company," or "incorporated | d," or appropriate abbreviation, |
| If new name is unavailable in Florida, enter a | alternate corporate name adopted for the purpose of trans | acting business in Florida) |
| If the amendment changes the period of | duration, indicate new period of duration. | 022. |
| | (New duration) | .5 |
| If the amendment changes the jurisdiction | on of incorporation, indicate new jurisdiction. | : |
| | (New jurisdiction) | |
| new registered agent and/or the new regist | egistered office address in Florida, enter the name of tered office address: | |
| | (Florida street address) | |
| New Registered Office Address: | (City) Florid | da (Zip Code) |
| New Desistant Assessed City at 1 2 20 1 2 | • | , <i>p</i> |
| New Registered Agent's Signature, if char I hereby accept the appointment as registered | oging Registered Agent: d agent. I am familiar with and accept the obligations of | of the position. |
| Signature of New Registere | ed Agent, if changing | |

From: David T

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

| Title/ Capacity | <u>Name</u> | Address | Type of Action |
|--|---|--|--|
| Regional Director | Derick Swarr | 821) W. Broward Hlvd, Suite 42 Plantation, FL 33324 | .0 × Add |
| | | | { Remove |
| | | | Add |
| | | | L.Remove |
| | | | |
| | | | LRemove |
| | | | Add |
| | | | iRemove |
| | | | Add |
| | | | Remove |
| Attached is a of the applica under the law | certificate or document of similar tion to the Department of State, by to sof which it is incorporated. Goodstand by: Julian Minits | import, evidencing the amendment, authentic he Secretary of State or other official having co | ated not more than 90 days prior to deliver istody of corporate records in the jurisdiction |
| | (Signature | of a director, president or other officer - if in the | he hands of |
| Juliaл Mi | a receiver | or other court appointed fiduciary, by that fidu Secretary | iciary) |
| | (Typed or printed name of person | | of person signing) |

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