

F18000005726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700359849817

03/16/21--01021--024 **35.00

LED
2021 MAR 16 PM 2:31
STATE
APPROPRIATE FL

APR 07 2021



Access Information Management
500 Unicorn Park
Suite 503
Woburn, MA 01801

TEL 888 869 2767
WEB www.accesscorp.com

February 10, 2021

Florida Department of State
Corporations – Amendment Section
PO Box 6327
Tallahassee, FL 32314

RE: Amendment to Application for Authorization to Transact Business

To Whom It May Concern:

Please find enclosed the Amendment to Application for Authorization to Transact Business for Retrievox, Inc. along with a Good Standing Certificate issued by the Secretary of the Commonwealth of Massachusetts. Also enclosed is a check in the amount of \$35.00 to cover the filing fee.

Please direct any questions to me at Margaret.Applin@accesscorp.com or (978) 882-2010.

Sincerely,

A handwritten signature in black ink, appearing to read "Margaret Applin".

Margaret Applin
Sr. Paralegal

Encl.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Retrievex, Inc.

Name of Corporation

DOCUMENT NUMBER: F18000005726

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margaret Applin

Name of Contact Person

Access Information Management

Firm/Company

500 Unicorn Park Drive, Suite 503

Address

Woburn, MA 01801

City/State and Zip Code

cornelia.couture@accesscorp.com

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

For further information concerning this matter, please call:

Margaret Applin

Name of Contact Person

at (978) 882-2010

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

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)

F18000005726

(Document number of corporation (if known))

1. Retrievox, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Massachusetts 3. 12/3/2018
(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? December 12, 2020
5. Access Information Management Corporation
(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

NOV 17 11 15 AM '18
STATE
OF FLORIDA
SECRETARY OF STATE

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ 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.

Peter C. Anastas

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

Peter C. Anastas

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

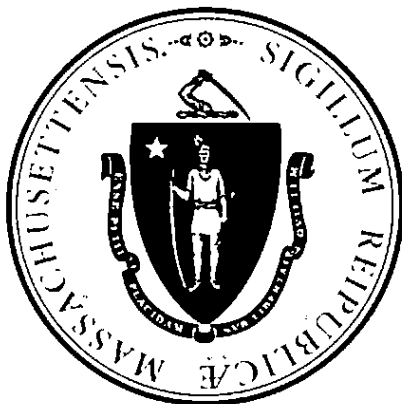
Date: January 11, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,

ACCESS INFORMATION MANAGEMENT CORPORATION

is a domestic corporation organized on **February 05, 1998** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 21010353630

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: mso