# F19000001818

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
/				
Certified Copies Certificates of Status				
4.13.21				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				
Alexxis Whiland				
Linea iduated				
LU COC MINIO				
to connect date				
at a consideration House				
Of Nan-Lichx in Hospitale				
(, Office Use Only				



700367258967

7021 JUN -3 PM 1: 09 2021 JUN -3 PM 2: 42

CC/CUS NICINICINS

> JUN 04 2021 ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 834125 7704274

. . .

AUTHORIZATION Smell chere

COST LIMIT : (\$\52.50

-----

ORDER DATE: May 27, 2021

ORDER TIME : 9:46 AM

ORDER NO. : 834125-010

CUSTOMER NO: 7704274

-----

#### FOREIGN FILINGS

NAME: FITEQ, INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

#### COVER LETTER

TO: Amendm	ent Section Division of Corporation	ons	
SUBJECT: FiT	eq, Inc. (Changing Corp	oration name to InterA	ctive Cards, Inc.)
	Name	e of Corporation	
DOCUMENT NU	<sub>MBER:</sub> F19000001818		
The enclosed Ame	endment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
Lisa Blue			
	Name of Contact Person	<del></del>	
InterActive	e Cards, Inc.		
	Firm/Company	<del></del>	
2787 New	Tampa Hwy		
	Address	•	
Lakeland,	FL 33815		
	City/State and Zip Code		
lblue@iaca	ards.com		
E-mail addre	ss: (to be used for future annual re	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
Lisa Blue	- ,	_at ( 863 ) 688-45	548 Ext.105
		Area Code & Daytime	
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)

(1-5 141051	DE COMI EL LED)	ب
F19000001818		<u> </u>
(Document number	er of corporation (if known)	
FiTeq, Inc.		1821 JUH - 3
(Name of corporation as it appears	s on the records of the Department of State)	3
Delaware	3 2/21/2019	1:09
(Incorporated under laws of)	(Date authorized to do busine	ess in Florida)
	ECTION II	
(4-7 COMPLETE ONLY	THE APPLICABLE CHANGES)	
1. If the amendment changes the name of the corporation, when we incorporation? 5 27.2021	as the change effected under the laws of its jur	isdiction of
InterActive Cards, Inc.		
(Name of corporation after the amendment, adding suffix "corp not contained in new name of the corporation)  (If new name is unavailable in Florida, enter alternate corporate		
6. If the amendment changes the period of duration, indicate r		usiness in riorida)
is the amendment entanges the period of duration, indicate i	new period of duration.	
(Ne	ew duration)	
7. If the amendment changes the jurisdiction of incorporation,	, indicate new jurisdiction.	
(New	v jurisdiction)	
3. If the amendment changes the jurisdiction of organization, indic	cate new jurisdiction:	
. If the amendment changes person, title or capacity in accordance	with 607.1504 (4), indicate that change:	_
7. If the amendment changes the jurisdiction of incorporation,	, indicate new jurisdiction. v jurisdiction) cate new jurisdiction:	

-	Fitle/ Capacity	<u>Name</u>	Address	Type of Action		
-				□Add		
				□Remove		
-	<del></del>			□Add		
				□Remove		
-				□Add		
				□Remove		
_	<del></del>			□Add		
				□Remove		
-				□Add		
10.	Attached is a ce	rtificate or document of similar import outd	anning the same description	DRemove		
10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to deliver of the application to the Department of State, by the Secretary of State or otherofficial having custody of corporate records in the jurisdiction under the laws of which it is incorporated.						
	David Patters		President			
	T)	yped or printed name of person signing)	(Title of person	signing)		

FILING FEE \$35.00

Page 1



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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FITEQ, INC.", FILED A

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "INTERACTIVE

CARDS, INC." ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2021, AT

3:37 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.



Authentication: 203348400

Date: 06-02-21