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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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

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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)

F	19000002247					
_	(Docum	ent number of corporation (if known)				
ARTEZA, INC.						
(Name	of corporation as	it appears on the records of the Depa	rtment of State	:)		
2 Defaware		3. 05/09/2019				
(Incorporated un	der laws of)	(Date authorities)	orized to do bu	siness in Flo	rida)	
		SECTION II				
(+7 COMPLET	E ONLY THE APPLICABLE CHA	ANGES)			
4. If the amendment changes the name of	· ·	_	er the laws of it	s jurisdiction	าดโ	
incorporation?						
5. {Name of corporation after the amen not contained in new name of the corporation.	dment, adding st rporation)	iffix "corporation," "company," or "n	reorporated." o	г царгоргіяті	abbrev	iation, if
(If new name is unavailable in Florida	a, enter alternate	corporate name adopted for the purpo	ose of transacti	ng business	in Floric	laj
6. If the amendment changes the p	eriod of duration	, indicate new period of duration.		TINE SIST	2020 SEP	
-		(New duration)		PART OF THE PART O	1	
7. If the amendment changes the ju	nisdiction of inc	orporation, indicate new jurisdiction,		SEEL PLOR	3 AM II: 52	
		(New jurisdiction)		证 문문	52	
8. If amending the registered agent a new registered agent and/or the ne			name of the			
Name of New Registered Agent	C T Corporatio					
	1200 South Pir	ie Island Road				
		(Florida street address)				
New Registered Office Address: Plantation		Florida 33	3324			
		(City)	, - · · · · · · · · · · · · · · · · · ·	(Zsp Code)		
New Registered Agent's Signature						
I hereby accept the appointment as r	egistered agent.	I am familiar with and accept the ob By Kimberly Laughrey, Assistant Secr		e position.		
Signature of New 1	Registered Agent	. if changing				

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
CF	Plikaitis, Jurgis	1801 NE 123rd St. Suite 400	Add
		N MIAMI BEACH, FL 33181	{×\cmove
VC	Mykhailo, Koshatko	1801 NE 123rd St., Suite-400	Add
		N MIAMI BEACH, FL 33181	(X:Remove
SCFO	Lars Spaten	1801 NE 123rd St. Suite 400	Add
		N MIAMI BEACH, FL 33181	L×Remove
CEO	Brenda Freeman	1801 NE 123rd St, Suite 400	× Add
		-N.MIAMI, FL 33181	
			Add
10. Attached is a of the application under the law	certificate or document of similar import, evition to the Department of State, by the Secretars of which it is incorporated.	idencing the amendment, authenticated not mry of State or other official having custody of c	
	(Signature of a director a receiver or other co	or; president on other officer - if in the hands of our appointed fiduciary, by that fiduciary)	·
Brenda Free	man	\mathcal{L}	O
	(Typed or printed name of person signing)	(Title of nerson	signing)

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