

719000002432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

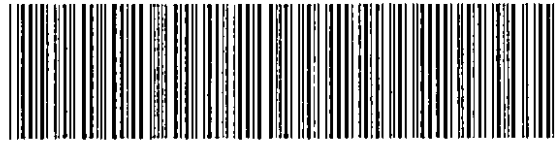
(Business Entity Name)

(Document Number)

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AG 1511

2007-11-24 11:00  
1401111-11007

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

ACCOUNT NO. : I20000000195

REFERENCE : 333054 8254896

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : June 23, 2020

ORDER TIME : 12:37 PM

ORDER NO. : 333054-010

CUSTOMER NO: 8254896

FOREIGN FILINGS

NAME: SLA ADVISERS CORP.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62980

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2020

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: SLA ADVISERS CORP.  
Ref. Number: F19000002432

We have received your document for SLA ADVISERS CORP. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

As of January 1, 2020, the form for amending a Foreign Profit Corporation has changed. Please use the new Amended Application for a Foreign Profit Corporation form located on our website ([www.sunbiz.org](http://www.sunbiz.org)).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 320A00013241

RECEIVED  
2020 AUG 17 PM 1:51

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** SLA Advisers Corp.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F19000002432

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SBLA Legal

\_\_\_\_\_  
Name of Contact Person

SBLA Advisers Corp.

\_\_\_\_\_  
Firm/Company

600 Brickell Avenue, Suite 2650

\_\_\_\_\_  
Address

Miami, Florida 33131

\_\_\_\_\_  
City/State and Zip Code

SBLA\_legal@softbank.com

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

For further information concerning this matter, please call:

Patricia Menendez Cambo

\_\_\_\_\_  
Name of Contact Person

at ( 786 ) 288-0945

\_\_\_\_\_  
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)**

F19000002432

(Document number of corporation (if known))

1. SLA Advisers Corp.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 05/23/2019  
(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? 06/23/2020
5. SBLA Advisers Corp.  
(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*

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>
Director	Michel Combes	600 Brickell Avenue, Suite 2650, Miami, FL	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> 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.

*P. M. Cambo*

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

Patricia Menendez Cambo

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)

**FILING FEE \$35.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SIF ADVISERS CORP." FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SLA ADVISERS CORP.", ON THE NINETEENTH DAY OF DECEMBER, A.D. 2019, AT 10:38 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "SLA ADVISERS CORP." FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SBLA ADVISERS CORP.", ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2020, AT 3:39 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBLA ADVISERS CORP.", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID CORPORATION.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7401929 8321  
SR# 20206083995

Authentication: 203231797  
Date: 07-06-20

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

# Delaware


The First State

Page 2

*RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT  
BUSINESS.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBLA ADVISERS  
CORP." WAS INCORPORATED ON THE SECOND DAY OF MAY, A.D. 2019.*



  
Jeffrey W. Bullock, Secretary of State

7401929 8321  
SR# 20206083995

Authentication: 203231797  
Date: 07-06-20

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



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Name of Corporation

**DOCUMENT NUMBER:** F19000002432

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SBLA\_legal@softbank.com

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

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Patricia Menendez Cambo

786

288-0945

\_\_\_\_\_  
Name of Contact Person

at ( )

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Area Code & Daytime Telephone Number

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