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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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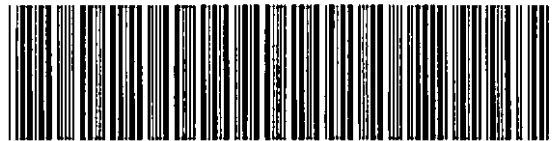
(Business Entity Name)

(Document Number)

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JUN 1 2021

2021 06 01



April 16, 2021

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Resolution to Change Alternate Name from CryoWorks Florida, Inc. to CryoWorks USA, Inc.

To Whom it May concern:

It is the company's intention is to change the alternate name, if the alternate name is approved by the Florida Secretary of State's office. Our real name is unavailable in Florida. We have Trademarked the name CRYOWORKS. However, we were not able to reach an agreement with the Florida entity that is currently using the name.

It was at the suggestion of legal counsel to use the Alternate name of "**CryoWorks Florida, Inc.**"

To create an alternate name that we can also use for other purposes, in other states, we are requesting to change our alternate name to **CryoWorks USA, Inc.** We obtained the rights to the website www.cryoworksusa.com through a trademark agreement with a separate entity.

Thank you in advance for your consideration,

Sincerely,

Tamara S. Sipos
Chief Financial Officer

Enclosures: CR2E125
Check #5078 for filing fees

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CryoWorks, Inc. using alternate name of CryoWorks Florida, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F20000003284

The enclosed ***Resolution of the Board of Directors to Change the Alternate name for use in Florida*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tamara S. Sipos

(Name of Contact Person)

CryoWorks, Inc.

(Firm/Company)

3309 Grapevine Street

(Address)

Jurupa Valley, CA 91752

(City/State and Zip Code)

For further information concerning this matter, please call:

Tamara S. Sipos

(951) 360-0920

at (_____) _____

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE
THE ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Tamara S. Sipos, do hereby certify
(Name)

that this Resolution of the Board of Directors of CryoWorks, Inc.

(Name of Corporation)

a corporation duly organized and existing under the laws of California,
(State or Country)

was adopted on 04/13/2021, changing the alternate

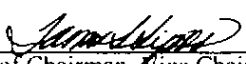
name in Florida from CryoWorks Florida, Inc. to
(Current Alternate Name)

CryoWorks USA, Inc.

(Alternate Name) NOTE: Must contain a corporate suffix

and its real name is unavailable in Florida.

Date: 04/16/2021


Signature of Chairman, Vice Chairman of the Board, a
director or any officer

CFO

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314