Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000045567 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

1 11 6

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
		ויי.

COR AMND/RESTATE/CORRECT OR O/D RESIGN KITO TECHNOLOGIES TEAM INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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)	
F20000003404	
(Document number of corporation (if known)	
1. Kito Technologies Team Inc. (Name of corporation as it appears on the records of the Department of State)	
2. Oloroge 2/10/2020 3. 8/4/2020 (Incorporated under laws of) (Date authorized to do business in Florida)	
(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?	
5. Al/a	
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)	
a/n	_
(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.	
A New duration)	
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.	
(New jurisdiction)	
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more the 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other office having custody of corporate records in the jurisdiction boder the laws of which it is incorporated.	ia ia
(Signature of a diffector, president of other officer - it in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ C	apacity Name	Address	Type of Action
CFC	Michael Gibbs	West Polm Z	sist #219. Bench, FL 33461
			Remove
	-		
		 .	Remove
, _			: □Add
			Remove
			☐Add
			CRemove
	<u> </u>		bAdd
10. Attac of the under	hed is a certificate or document of sime application to the Department of State. the laws of which it is accomposated.	ular import, evidencing the amendmen by the Secretary of State or other office	nt. authenticated not more than 90 days prior to delivery ial having custody of corporate records in the jurisdiction
		and the	; . ;
_	menso Paris	ure of a director, president or other offiver or other court appointed fiduciary.	. by that fiduciary)
	(Typed or printed parite of per	rson signing)	(Title of person signing)

FILING FEE \$35.00