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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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COR AMND/RESTATE/CORRECT OR O/D RESIGN AGRICHEM INNOVATION INC

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## COVER LETTER

TO: Amenda	nent Section Division of Corpora	tions		
SUBJECT: AGR	ICHEM INNOVATION INC			
<b>D.O. C.D. 6</b>	_	ne of Corporation		
DOCUMENT N	UMBER: F21000005544			
The enclosed Am	endment and fee are submitted fo	r filing.		
Please return all c	correspondence concerning this m	atter to the follow	ing:	
VOROBIEV, EU	GUN1			
	Name of Contact Person		<del>_</del> -	
AGRICHEM IN	OVATION INC			
	Firm/Company		— <del>.</del>	
900 N. FEDERAL	. HWY, STE. 306			
-	Address		_	
HALLANDALE	BEACH, FL 33009			
	City/State and Zip Code		<del></del> -	
eugene.vorobiev@	Prebirthpro.net			
E-mail addre	ss: (to be used for future annual r	eport notification)	<u> </u>	
For further informa	ation concerning this matter, plea	sc call;		
VOROBIEV, EUC		954 at (	235-8105	
Name	of Contact Person		e & Daytime	Telephone Number
Enclosed is a check	for the following amount:			
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Fi Certified Co		S52.50 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)

	F21000005544						
	(Docum	ient number of o	orporation (if know	<u></u>			ļ
AGRICHEM INNOVATION INC			, ,	··· <i>)</i>			
(Name	e of cornoration at	s it uppgage on th	e records of the Dep				
DELAWARE	o or corporation as	s it appears on in		partment of Si	tate)		
(Incorporated u	Indon Investor		_33.				_
(mediporated p	ilider laws 01)		(Date aut	horized to do	business in FI	orida)	Ī
		SECTIO	N II				
	(4-7 COMPLET	E ONLY THE	APPLICABLE CH	IANGES)			ļ
If the amendment changes the name incorporation?	of the corporation	n, when was the	change effected und	er the laws of	its jurisdictio	n of	
(Name of corporation after the amenot contained in new name of the co	ndment adding en			ncorporated,"	ог арргоргіні	c abbrev	iation
(If new name is unavailable in Floric	ia, enter alternate	corporate name a	dopted for the purp	ose of transac	cting business	in Floric	la)
. If the amendment changes the p	period of duration,	indicate new pe	riod of duration.				
		(New dura	tion)				
If the amendment changes the j	urisdiction of inco	rporation, indica	te new jurisdiction.				
	<del>-</del>	(New jurisd	iction)	<del></del>		20	
If amending the registered agent a new registered agent and/or the ne	nd/or registered	office address is	ı Florida, enter the	: <u>ពង្គាច of the</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2021 OCT 19 PM	_
	AMBRASKA, S					-	FILED
Name of New Registered Agent							3
					`- <u>-</u>	-X	
	(	Florida street ac	idress)			·	
New Registered Office Address:					73 <u>/ /</u>	: පු	
The state of the s		(City)	·	, Florida_	(Zip Code)		
N/ 15 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1					Lap Couch		
New Registered Agent's Signature	e, if changing Reg	istered Agent:	Acade est t	1	,		1
I hereby accept the appointment as re Saulius A	egisierea ageni. Ambraska	i am jamiliar wit	n and accept the ob	tigations of th	ne position.		
Signature of New I	Registered Avent i	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	
MGR	AMBRASKA, SAULIUS	900 N. FEDERAL HWY, STE.		
		HALLANDALE BEACH, FL	33009 Remova	
MGR	VOROBIEV, EUGUNI	900 N. FEDERAL HWY, STE.		
		HALLANDALE BEACH, FL 3	33009 <b>≪</b> Remove	
<del></del>			DAdd	
			Remove	
		<del>-</del>		
10. Attached is a confidence of the application under the laws of	ertificate or document of similar import on to the Department of State, by the Sec of which it is incorporated.	rt, evidencing the amendment, authentic cretary of State or other official having o	cated not more than 90 days prior to delive	ver tioi
		ulius Ambraska		
AMI	(Signature of a di a receiver or othe BRASKA, SAULIUS	rector, president or other officer - if in the court appointed fiduciary, by that fide MG	uciary)	
	Typed or printed name of person signing			1
		FILING FEE \$35.00	PH -	j