

F21 0000006821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

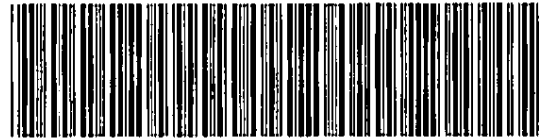
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
MAY 19 2022

Office Use Only



400385524324

04/11/22--01040--010 **35.00

FILED
4003 APR 11 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: EVANOA BIOSCIENCE INC.

Name of Corporation

DOCUMENT NUMBER: F21000006821

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. MARC PENICAUD

Name of Contact Person

EVANOA BIOSCIENCE INC.

Firm/Company

2153 SE HAWTHORNE RD, STE 130

Address

GAINESVILLE, FL 32641

City/State and Zip Code

marc.penicaud@evolugate.com

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

For further information concerning this matter, please call:

Mr. Marc Penicaud

Name of Contact Person

at (352) 448-3241

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

FILED

2022 APR 11 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FL

(Document number of corporation (if known))

(Name of corporation as it appears on the records of the Department of State)

(Date authorized to do business in Florida)

SECTION II

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

(New duration)

(New jurisdiction)

(Florida street address)

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>
Manager	Alban de Crecy	1357 Prince Rd	<input checked="" type="checkbox"/> Add
		StAugustine, FL 32086	<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.



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

Mr. Marc Penicaud

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00