F21000006821

(Req	uestor's Name)	
(Add	ress)	<u> </u>
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
/Bus	iness Entity Nar	ne)
(555	ancoo Enary Mar	,
	curnent Number)	
(000	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	-
(Q. SILAS	
	NV 4.0 2022	
M/	AY 19 2022	





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

SECRETARY OF STATE

COVER LETTER

TO: Amendme	ent Section Division of Corporation	ons	£
SUBJECT: EVAN	OA BIOSCIENCE INC.		
	Name	of Corporation	
DOCUMENT NU	MBER: <u>F21000006821</u>		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
Mr. MARC PENIO			
	Name of Contact Person		
EVANOA BIOSC			
	Firm/Company		
2153 SE HAWTH	ORNE RD, STE 130		
	Address		
GAINESVILLE, I			
	City/State and Zip Code		
marc.penicaud@e			
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, plea	se call:	
Mr. Marc Penicau	d	at (_352)448-3241_	<u></u>
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
Z\$ 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 OR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

2022 APR 11 PM 4: 02

SECTION I

(1-3 MUST BE COMPLETED) F21000006821

EVANOA BIOSCIENCE INC.	it appears on the records of the Department	at Ctotal
(Name of corporation a	it appears on the records of the Department	or State)
DELAWARE	3,11/24/2021	
(Incorporated under laws of)	(Date authorized to	o do business in Florida)
	SECTION II	
(4-7 COMPLET	E ONLY THE APPLICABLE CHANGES	5)
If the amendment changes the name of the corporation incorporation?		ws of its jurisdiction of
(Name of corporation after the amendment, adding s not contained in new name of the corporation)	flix "corporation," "company," or "incorporation	ated." or appropriate abbreviation. i
(If new name is unavailable in Florida, enter alternate	corporate name adopted for the purpose of tr	ansacting 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 inc	orporation, indicate new jurisdiction.	
	(New jurisdiction)	
8. If amending the registered agent and/or registere new registered agent and/or the new registered of		of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, FI	orida
	(City)	(Zip Code)

Signature of New Registered Agent, if changing

Title/ Capacity	<u>Name</u>	Address	Type of Action
Manager	Alban de Crecy	1357 Prince Rd	☑Add
		StAugustine, FL 32086	Remove
			Add
			Remove
			QAdd
			Remove
		<u> </u>	CRemove
			□Add
			Remove
Attached is a of the applica under the law	certificate or document of similar ution to the Department of State, by es of which it is incorporated.	import, evidencing the amendment, authentithe Secretary of State or other official having of the secretary o	icated not more than 90 days prior to delive custody of corporate records in the jurisdict
	(Signature	of a director, president or other officer - if in or other court appointed fiduciary, by that fic	the hands of
Mr Mor	c Penicaud	Secre	

FILING FEE \$35.00