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(((H22000097756 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN METACAP INC.

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TO: Amendme	ent Section Division of Corporation	DIIS .	,
SUBJECT: ME	TACAP INC.		
5020EC1	Namo	of Corporation	
DOCUMENT NU	MBER: F21000007430		
The enclosed Ame	ndment and fee are submitted for	filling.	
Please return all co	orrespondence concerning this ma	tter to the following:	
Wendy Hefley			
	Name of Contact Person		
Incorp Services, L	nc.		
	Firm/Company		
3773 Howard Hug	thes Pkwy 500S		
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Name	e of Contact Person	Area Code & Daytime	Telephone Numb er
Enclosed is a chec	k 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

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)

F	21000007430	
(Document nut	nber of corporation (if known)	
, METACAP INC.	•	
(Name of corporation as it appe	ears on the records of the Department of St	atc)
2. Nevada	3. 12/28/2021	
(Incorporated under laws of)	(Date authorized to do	business in Florida)
(4-7 Complete on)	SECTION II LY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation, when incorporation? 02/18/2022	n was the change effected under the laws of	its jurisdiction of
5. MCAP INC.		
(Name of corporation after the amendment, adding suffix "c not contained in new name of the corporation) MCAP FL Inc.	orporation," "company," or "incorporated,	or appropriate abbreviation, if
6. If the amendment changes the period of duration, indica	ate new period of duration.	
	•	200
	(New duration)	72
7. If the amendment changes the jurisdiction of incorporate	tion, indicate new jurisdiction.	18
	New jurisdiction)	
8. If the amendment changes the jurisdiction of organization,	indicate new jurisdiction:	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
9. If the amendment changes person, title or capacity in accords	ance with 607.1504 (4), indicate that change	

Title/ Capacity	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			CJAdd
			□Remove
~~			
			©Remove
			□Add
			DRemove
 -			DAdd
	·		
10. Attached is a cer of the application under the laws of	rtificate or document of similar import, evi to the Department of State, by the Secretar f which it is incorporated.	dencing the amendment, authenticated not y of State or other official having custody of	more than 90 days prior to delivery corporate records in the jurisdiction
	of lall		202 250
	(Signature of a directo	r, president or other officer - if in the hands urt appointed fiduciary, by that fiduciary)	of The State of th
David	d Menn	President	-
(T	yped or printed name of person signing)	(Title of perso	on signing)

	F	ILING FEE \$35.00	19 July 19 1













CERTIFICATE OF NAME CHANGE

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that, on 02/18/2022, a Amendment After Issuance of Stock changing the name MCAP Inc. was filed by MetaCap Inc.. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certificate Number: B202203152489712
You may verify this certificate
online at http://www.nysos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/15/2022.

BARBARA K. CEGAVSKE Secretary of State

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