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.

(((H22000348540 3)))



H220003485403ABC

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:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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

gaurav.sood@acuitykp.com Email Address:___

COR AMND/RESTATE/CORRECT OR O/D RESIGN CIANS ANALYTICS INC.

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

Electronic Filing Menu

Corporate Filing Menu



From: David Griswold

To:

H22000348540 3

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)

		F22000001605			
	(Decu	ment number of corporation (if known)	<u></u> -		
CIANS ANA	LYTICS INC.				
	(Name of corporation	as it appears on the records of the Depa	rtment of State)		
New York		33/17/2022			
	(Incorporated under laws of)	(Date autho	orized to do business in	Florida)	
	(4-7 COMPLE	SECTION II ETE ONLY THE APPLICABLE CIL	ANGES)		
	•	ion, when was the change effected unde	r the laws of its jurisdic	tion of	
(Name of corporati	on after the amendment, adding w name of the corporation)	suffix "corporation," "company," or "in	corporated," or approp	riate abbrevi	ation, if
(If new name is una	vailable in Florida, enter alterna	te corporate name adopted for the purpo	ose of transacting busin	ess in Florid	a)
6. If the amenda	ent changes the period of duration	on, indicate new period of duration.			
		(New duration)			202
7. If the amenda	nent changes the jurisdiction of it	ncorporation, indicate new jurisdiction.)] :::	2022 OCT 11 AM 8: 23
		(New jurisdiction)		STARSSERT FL	AM
	egistered agent and/or register ent and/or the new registered (ed office address in Florida, enter the office address:	name of the		8: 23
Name of New	Registered Agent				
	-	(Florida street address)			
New Registered	Office Address:	(City)	, Florida(Zip Coc	de)	
New Registered	Agent's Signature, if changing	Registered Agent:			
		n. I am familiar with and accept the ob	digations of the position	I.	
	Signature of New Registered Age	ent, if changing			

H220003485403

Page: 3 of 3

To:

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
Director	Bhandari, Anmol	2627 S Bayshore Dr #2202	
		Coconut Grove, FL 33133	Remove
Director/ President	Robert King	1 Rockefeller Plaza, 10th Floor	XI Add
		New York, New York 10020	Remove
Vice President	Damian Bureligh	l Rockefeller Plaza, 10th Floor	₩ Add
		New York, New York 10020	Remove
Secretary/ Treasurer	lan Mulien	1 Rockefeller Plaza, 10th Floor	
		New York, New York 10020	Remove
Director	Pedro Armstrong	1 Rockefeller Plaza, 10th Floor	X lAdd
		New York, New York 10020	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)

Robert King

President

(Title of person signing)

FILING FEE \$35.00