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NAME: CDL MARKETPLACE INC.

TYPE OF FILING: RESOLUTION

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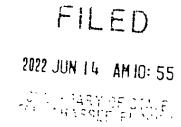
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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Division of Co				
CDL 1000,	Inc.			
SUBJECT:	(Na	me of Corporation)		
DOCUMENT NUME	•			
The enclosed Resolution fee are submitted for f	on of the Board of Direct iling.	tors to Change the Alte	rnate name for use in Florida and	
Please return all corres	pondence concerning this	s matter to the following	3:	
(Nam	e of Contact Person)			
First Corporate Solution				
	(Firm/Company)			
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	(Address)			
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(Cit	y/State and Zip Code)			
For further information	n concerning this matter, p			
(Name of Con	at act Person)	(<u>)</u> (Area Code & Daytime 1	Telephone Number)	
Enclosed is a check ma	ade payable to the Florida	Department of State fo	r the following amount:	
■ \$35.00 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:		Street Add		
Amendment Section		Amendment Section		
Division of Corporations			Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Viktor Tkachuk	, do hereby certify
(Name)	
that this Resolution of the Board of Directors of CDL 1000,	Inc.
(Name of Corporat	ion)
a corporation duly organized and existing under the laws of	Illinois
	(State or Country)
was adopted on	
name in Florida fromCDL MARKET PLACE INC.	
name in Florida from(Current Alternat	
CDL MARKETPLACE INC.	
(Alternate Name) NOTE: Mus	t contain a corporate suffix
and its real name is unavailable in Florida.	
Date: 6/8/2022	
Villor Thackuk	Chief Operating Officer
Signature of Chairman, Vice Chairman of the Board, a director or any officer	Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314