F22000003498

| (R | Requestor's Name) | |
|----------------------------|-------------------------|-----------|
| A) | Address) | |
| (A | Address) | |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (B | Business Entity Name) | <u></u> |
| . (C | Document Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to Fi | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



100438833531

amena



A. RAMSEY

2024 OCT 31 PM 1: 5

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/31/2024

NAME: ONTOP HOLDINGS INC

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| TO: Amendme | ent Section Division of Corporati | ons | |
|----------------------|--|---------------------------------------|--|
| SUBJECT: | ONTOP HOLDINGS INC. | | |
| | Name | e of Corporation | |
| DOCUMENT NU | MBER: F22000003498 | · | <u> </u> |
| The enclosed Ame | ndment and fee are submitted for | filing. | |
| Please return all co | rrespondence concerning this ma | tter to the following: | |
| Stephen Zagami | | | |
| | Name of Contact Person | | |
| Paralegal Consulting | ng Services, Inc. | | |
| | Firm/Company | | |
| 11 Huff Road | | | |
| | Address | | |
| Milford, MA 0175 | 7 | | |
| | City/State and Zip Code | | |
| | | | |
| E-mail addre | ss: (to be used for future annual r | eport notification) | |
| For further informa | ation concerning this matter, pleas | se call: | |
| Stephen Zagami | | at (508) 904-6696 | |
| Name | e of Contact Person | Area Code & Daytime | Telephone Number |
| Enclosed is a checl | 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)

| F2200 | | |
|--|--|---|
| | (Document number of corporation (if known) | |
| I. ONTOP HOLDINGS INC. | | |
| (Name of corp | poration as it appears on the records of the Departn | _ \ _ \ \ |
| _{2.} Delaware | 3. 6/6/2022 | |
| (Incorporated under lav | ws of) (Date authori: | zed to do business in Florida) |
| (4-7 C | SECTION II OMPLETE ONLY THE APPLICABLE CHAN | |
| 4. If the amendment changes the name of the cincorporation? | corporation, when was the change effected under th | he laws of its jurisdiction of |
| (Name of corporation after the amendment, not contained in new name of the corporation | , adding suffix "corporation." "company," or "inco on) | rporated," or appropriate abbreviation, |
| (If new name is unavailable in Florida, enter | r alternate corporate name adopted for the purpose | of transacting business in Florida) |
| 6. If the amendment changes the period of | of duration, indicate new period of duration. | |
| - | (New duration) | |
| 7. If the amendment changes the jurisdict | tion of incorporation, indicate new jurisdiction. | |
| _ | (New jurisdiction) | |
| | registered office address in Florida, enter the na | ame of the |
| new registered agent and/or the new regi | istered office address: | |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| New Registered Office Address: | (City) | , Florida(Zip Code) |
| No Dela ella ella ella ella ella ella ella | | • • |
| New Registered Agent's Signature, if ch I hereby accept the appointment as register | nanging Registered Agent: red agent.—I am familiar with and accept the oblig | ations of the position. |
| Signature of New Registe | ered Agent, if changing | |

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| Title/ Capacity | . <u>Name</u> | <u>Address</u> | Type of Action |
|--|--|--|---|
| President & CEO | Santiago Aparicio | 1201 Hays Street | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | Tallahassee, FL 32301 | □ Remove |
| President & CEO | Julian Torres | 1201 Hays Street | ☑Add |
| | | Tallahassee, FL 32301 | Remove |
| | | | 🖵 Add |
| | | | |
| | | | |
| | | | Remove |
| | | | |
| | | | Remove |
| O. Attached is a confitted of the applicate under the laws | certificate or document of similar import, evice to the Department of State, by the Secretary of which it is incorporated. | videncing the amendment, authenticated not ary of State or other official having custody o | more than 90 days prior to delivery f corporate records in the jurisdiction |
| | (Signature of a direct | 05B7C8D68E8A4BA or, president or other officer - if in the hands | sof |
| Julian Torr | | ourt appointed fiduciary, by that fiduciary) President & CEO |) |

FILING FEE \$35.00

(Title of person signing)

(Typed or printed name of person signing)