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2025-02-18 10 29 32 CST

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From Daylen Platt

2/18/25, 11:26 AM

Division of Corporations

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From:

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: (614)280-3338

Fax Number

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

|--|

COR AMND/RESTATE/CORRECT OR O/D RESIGN ISABELLENHUETTE USA INC.

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J. HORNE

FEB 19 2025

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To:

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 220000	003649		2
	(Document number of cor	poration (if known)	
1. ISABELLENHUETTE USA INC.		oranion (it mile vill)	tate)
(Name of corpo	oration as it appears on the	records of the Department of Si	(ate)
2. Massachusetts	:	66/10/2022	The state of the s
(Incorporated under laws	s of)	(Date authorized to do	business in Florida)
	SECTION	an .	
(4-7 CO		PPLICABLE CHANGES)	•
4. If the amendment changes the name of the co incorporation?	orporation, when was the ch	ange effected under the laws of	its jurisdiction of
(Name of corporation after the amendment, a not contained in new name of the corporation	adding suffix "corporation,"	"company." or "incorporated."	or appropriate abbreviation, it
(If new name is unavailable in Florida, enter a	ilternate corporate name ad	opted for the purpose of transac	cting business in Florida)
6. If the amendment changes the period of o			
	(New duration	on)	
 If the amendment changes the jurisdiction 	n of incorporation, indicate	new jurisdiction.	
			_
	(New jurisdice	ion)	-
If a sea Paragraphy and a sea of the sea of			
. If amending the registered agent and/or reg new registered agent and/or the new registered	<u>gistered office address in l</u> ered office address:	Florida, enter the name of the	<u>!</u>
Name of New Registered Agent			
Nume of New Negistered Agent			
	(Florida street add	ressj	
New Registered Office Address:		, Florida_	
	(City)	, V RATOR_	(Zip Code)
New Registered Agent's Signature, if change	ging Registered Agent:		
I hereby accept the appointment as registered	agent. I am familiar with	and accept the obligations of th	ne position.
	<u> </u>		
Signature of New Registered	d Agent, if changing		

To:

Title/ Capacity	Z <u>Nan</u>	<u>nc</u>	Address	Type of Action
DIR	Spiegel, Holger		1199 G.A.R. Highway Swansca, MA 027	777 Add
SEC.				
SEC	Regier, Ingo		1199 G.A.R. Highway Swansea, MA 027	777 Add
				L×Remove
SEC	Nagel, Frank		1199 G.A.R. Highway Swansea, MA 027	77 <u>×</u> Add
				L.Remove
				Add
				L.lemove
				Add
10. Attached is a of the applicat under the law	certificate or docume tion to the Departmen s of which it is incorp	ent of similar import, exit t of State, by the Secretar porated.	dencing the anyendment, authenticated not	Themove than 90 days prior to delivery corporate records in the jurisdiction
		Vill	r, president or other officer - if in the hands ort appointed fiduciary, by that fiduciary)	
Uh	NE KELLER	a receiver or other con	in appointed fiduciary, by that fiduciary) PRESIDENT	
(Typed or printed name of person signing)			(Title of perso	

FILING FEE \$35.00