Division of Corporations

## Florida Department of State Division of C

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.

(((H25000250195 3)))



H250002501953ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

T	$\sim$	٠	
	v		

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

JUL 18 2025

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

Email Address:\_\_\_

### COR AMND/RESTATE/CORRECT OR O/D RESIGN **CORIENT HOLDINGS INC**

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

Electronic Filing Menu Corporate Filing Menu

Help

# 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)

COF	RIENT HOLDINGS INC				
	(Document number of corporation (if know	/n)			
F22000006529					
	corporation as it appears on the records of the De	partment of State	e)	•	
<sub>2.</sub> DE	3, 10/20/2022				
(Incorporated under	r laws of) (Date au	thorized to do bu	isiness in F	lorida)	
	SECTION II				
(4-7	7 COMPLETE ONLY THE APPLICABLE C	HANGES)			
•	he corporation, when was the change effected un	der the laws of it	s jurisdictio	on of	
(Name of corporation after the amendm not contained in new name of the corporation.)	nent, adding suffix "corporation," "company," or '	"incorporated," o	or appropria	te abbrev	viation, i
(If new name is unavailable in Florida, e	enter alternate corporate name adopted for the pur	pose of transacti	ing busines	s in Flori	da)
6. If the amendment changes the period	od of duration, indicate new period of duration.				
6. If the amendment changes the period	od of duration, indicate new period of duration.			. 202	,
6. If the amendment changes the period			TALL	. 2025 JU	
6. If the amendment changes the period	od of duration, indicate new period of duration.  (New duration)		BLLAW	2025 JUL 1	
		n.	MLLÄHÄSSEC	2025 JUL 17 PMI	507
	(New duration)	n.	TALLAHASSEC FA	2025 JUL 17 PM12: 1	
	(New duration)  diction of incorporation, indicate new jurisdiction	n.	MULAHASSEE FI	2025 JUL 17 PM12: 17	
7. If the amendment changes the jurison	(New duration)  diction of incorporation, indicate new jurisdiction  (New jurisdiction)  /or registered office address in Florida, enter t		TALLAHASSEE FI	2025 JUL 17 PM12: 17	
7. If the amendment changes the jurison is the following the second in t	(New duration)  diction of incorporation, indicate new jurisdiction  (New jurisdiction)  /or registered office address in Florida, enter t		TALLAHASSECT FI	2025 JUL 17 PM12: 17	
7. If the amendment changes the jurison of the second of t	(New duration)  diction of incorporation, indicate new jurisdiction  (New jurisdiction)  /or registered office address in Florida, enter t		TALLAHASSEE FI	2025 JUL 17 PM12: 17	
7. If the amendment changes the jurison of the second of t	(New duration)  diction of incorporation, indicate new jurisdiction  (New jurisdiction)  /or registered office address in Florida, enter tregistered office address:				

Signature of New Registered Agent, if changing

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
See A	ttached		□Add
			Remove
············			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Add
		·····	Diemove 2025
			רויאין פון אין
			Okemove P.
			Remove
Attached is a certific of the application to t under the laws of wh	rate or document of similar import, evile Department of State, by the Secreta ich it is incorporated.	ridencing the amendment, authenticatery of State or other official having cus	
	Ariana Turson		
_	(Signature of a direct a receiver or other co	or, president or other officer - if in the ourt appointed fiduciary, by that fiduci	hands of ary)
Ariana	Turoski		ecial Secretary
	d or printed name of person signing)		of person signing)

FILING FEE \$35.00

### Authorized Person(s) Amendment: Title, Name & Address

Updating Title and Address:
Chief Solutions Officer

Holmberg, Andrew - 830 Brickell Plaza, Suite 4800 Miami FL 33131

CHIEF OPERATING OFFICER

Gullan, Leonard - 830 Brickell Plaza, Suite 4800 Miami FL 33131

CHIEF MARKETING OFFICER

Silcox, Julie Lynn - 830 Brickell Plaza, Suite 4800 Miami FL 33131

DIRECTOR

Jitianu, Cristian - 830 Brickell Plaza, Suite 4800 Miami FL 33131

DIRECTOR

Ward, Sarah M. - 830 Brickell Plaza, Suite 4800 Miami FL 33131

DIRECTOR

Motwani, Nitin - 830 Brickell Plaza, Suite 4800 Miami FL 33131

DIRECTOR

Holland, William T. - 830 Brickell Plaza, Suite 4800 Miami FL 33131

SECURITY OFFICER / GENERAL COUNSEL / CORPORATE SECRETARY Akins, Scott - 830 Brickell Plaza, Suite 4800 Miami FL 33131

**DEPUTY SECURITY OFFICER** 

Estep, Chad - 830 Brickell Plaza, Suite 4800 Miami FL 33131

CHIEF FINANCIAL OFFICER

Marin, Francisco Tobias -

CHIEF EXECUTIVE OFFICER / DIRECTOR

MacAlpine, Kurt - 830 Brickell Plaza, Suite 4800 Miami FL 33131

