## F23000002432

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| ,                                       |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer  |
|   |
|   |
|   |
|   |
|   |
|   |
| ···                                     |

Office Use Only



900417509949

1 15/21/-01/14--00 \*\*88.00

FILED 2023 OCT 19 AM 9: 56 SEC. . . . . . . . . . . . . . . . . . .

A. BUTLER NOV - 2 2023

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                 |   |
|--|---|
| SHIPGLIDE, INC SUBJECT:  |   |
| Nam  | e of Corporation  |
| DOCUMENT NUMBER: F23000002432                                  |   |
|  | o Change/Add Officer(s) and/or Director(s) and fee are  |
| Please return all correspondence concerning this               | matter to the following:  |
| Josiah Coates  |   |
| Name of Contact Person   |   |
| SHIPGLIDE, INC   |   |
| Firm/Company   | <del></del>   |
| 2550 Eisnehower Boulevard, Suite 8 The Amman Building          | , Port Everg  |
| Address  | <u>.                                      </u>  |
| Fort Lauderdale, FL 33316                                      |   |
| City/State and Zip Code  |   |
| ·  |   |
| jcoates@shipglide.com  |   |
| E-mail address: (to be used for future annual repo             | ort notification)   |
| For further information concerning this matter, pl             | ease call:  |
| Josiah Coates  | 745.9430<br>Area Code & Daytime Telephone Number  |
| Name of Contact Person at (                                    | Arca Code & Daytime Telephone Number  |
| Enclosed is a check made payable to the Florida I              | Department of State for 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: Amendment Section                             | Street Address: 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

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

| 2. This entity was authorized to transact bu number is F2000002432 | usiness in Florida on 4/26/23 and its Florida documen |
|--|---|
| 3. This corporation was formed under the la                        | aws of DELAWARE                                       |
| 4. The name and address of each officer an                         |   |
| Title:   | Name and Address                                      |
| Director   | JOHN DIXON  |
|  | 2550 EISENHOWER BLVD STE 8                            |
|  | FORT LAUDERDALE, FL 33316                             |
| Chairman/Directo   | RICHARD POE   |
|  | 2550 EISENHOWER BLVD STE 8                            |
|  | FORT LAUDERDALE, FL 33316                             |
| CEO/President  | JOSIAH COATES   |
|  | 2550 EISENHOWER BLVD STE 8                            |
|  | FORT LAUDERDALE, FL 33316                             |
|  |   |
|  |   |
| _  |   |
| (Attach addi   | itional pages if necessary)                           |
| ture of an officer or director                                     | Title of person signing                               |
| dosino notas   | · · · · · · · · · · · · · · · · · · ·                 |

CR2E127 (8/08)