

F2.3000000 4294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

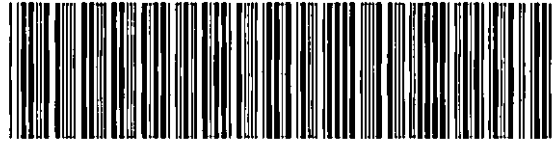
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2023 AUG 28 AM 10:47

DEPARTMENT OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 AUG 28 PM 3:03

DEPARTMENT OF STATE  
TALLAHASSEE, FL 32304-0001

\*02250, 00310, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: GROUNDBREAK, INC.  
Ref. Number: F23000004296

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for GROUNDBREAK, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number five of the application.

The document number of the name conflict is P22000039702.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 923A00019868

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STATE OF FLORIDA  
TALLAHASSEE, FL

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2023 SEP -1 PM 3:12

TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 08/24/2023  
Acc#120160000072

*en: c DW*

Name:	Groundbreak, Inc.
Document #:	
Order #:	15093563 - 5

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you!

**FILED**  
2023 AUG 28 AM 10:47  
TALLAHASSEE, FL

**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)**

F230000004296

(Document number of corporation (if known))

1. Groundbreak, Inc.  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware 3. 7/21/2023  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 8/23/2023

5. Cuts, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

Cuts Software, Inc.  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

perpetual

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_  
 \_\_\_\_\_  
 (Florida street address)

*New Registered Office Address:* \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**  
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

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2023 AUG 28 AM 10:47  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GROUNDBREAK, INC.",  
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CUTS,  
INC." ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2023, AT 2:17  
O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

7486269 8320  
SR# 20233332003

Authentication: 204030587  
Date: 08-24-23

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)