

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.

(((H230003792013)))



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

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (954)208-0845 Fax Number : (614)573-3996



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 AVENUE 8 INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu

Help

ĭo:

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)

F23000005700

(Document number of corporation (if known)				
Avenue 8 Inc.				
(Name of corporation as it appears on the records of the Department of State)			
3. 10/5/23				
(Incorporated under laws of) (Date authorized to do bus	siness in Florida)			
SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)				
f the amendment changes the name of the corporation, when was the change effected under the laws of its incorporation?	jurisdiction of			
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or not contained in new name of the corporation)	appropriate abbreviation			
If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting	ng business in Florida)			
If the amendment changes the period of duration, indicate new period of duration.				
(New duration)				
If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.				
(New jurisdiction)	• • • •••			
If amending the registered agent and/ov 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	6: 5 ₈			
(Florida street address)				
New Registered Office Address, Florida, Florida	(Zin Code)			
יייי איני איני איני איני איני איני איני	(гар Соше)			
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.			

12122023573

DocuSign Envelope ID: 4F27E9AD-7CBA-4F73-A2A9-18078CC8E759

Title Capacity	Name	Address	Type of Action
officer .	George Assal	7350 SW 89th Street #103, Miam	i, FL 33156 x Add
			1 Remove
<u> </u>			Add
			L.Remove
			Add
			上.Remove
 .			Add
			L.Remove
			Add
			Remove

FILING FEE \$35.00

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Co-Founder / Co-CEO

(Title of person signing)

Michael Martin

(Typed or printed name of person signing)