

F23000006705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

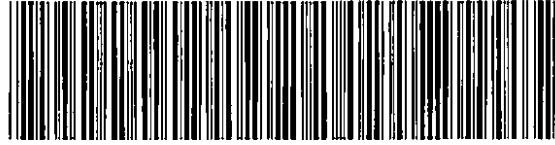
(Document Number)

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**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)**

F23000006705

(Document number of corporation (if known))

1. FINCENFETCH FLORIDA INC.  
(Name of corporation as it appears on the records of the Department of State)
2. DELAWARE 3. 11/14/2023  
(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? 1/21/2025
5. ADVALIS 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)

(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.

(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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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:

*charles wismer*

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

charles wismer

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)

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# Delaware

The First State

Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE  
STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'FINCENFETCH  
INC.' FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO  
'ADVALIS INC.', ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2025, AT  
9:19 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID 'ADVALIS  
INC.', IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID  
CORPORATION.



A handwritten signature in black ink, appearing to read 'Kristopher E. Knight', is written over a horizontal line.

Kristopher E. Knight, Acting Secretary of State

7652510 8321  
SR# 20250230548

Authentication: 202762419  
Date: 01-23-25

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