

F23000007109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

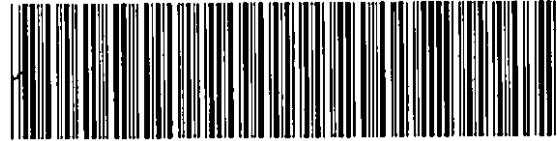
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200427998152

FILED

2024 MAY 14 AM 10:17

RECEIVED

2024 MAY 14 PM 3:00

TALLAHASSEE, FLORIDA

Handwritten signature

*02250, 01092, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2024

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: XOLV TECHNOLOGY SOLUTIONS INC.
Ref. Number: F23000007109

CORRECTED
Please Allow For
Same File Date

We have received your document for XOLV TECHNOLOGY SOLUTIONS 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 current name of the entity is as referenced above. Please correct your document accordingly.

The affidavit changing officers can only be filed during a foreign corporations first year of qualification. You may file an amendment in order to change the officers, I have enclosed the correct form.

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: 424A00010614

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2024 JUN -4 PM 2:01

TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 05/14/2024

Acc#I20160000072

en: c DW

Name:	XOLV TECHNOLOGY SOLUTIONS INC.
Document #:	
Order #:	15417136

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:	

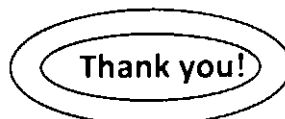
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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

Amount: \$ **43.75**



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CLERK OF COURT
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)

F23000007109

(Document number of corporation (if known))

1. XOLV TECHNOLOGY SOLUTIONS INC.

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE

(Incorporated under laws of)

3. 12/27/2023

(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? _____

5. _____
(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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F.S.

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>
CFO	ALAN SMITH	2730 SHADELANDS DRIVE, BLDG 10	<input type="checkbox"/> Add
		WALNUT CREEK, CA 94598	<input checked="" type="checkbox"/> Remove
CTO	NHAN NGUYEN	2730 SHADELANDS DRIVE, BLDG 10	<input checked="" type="checkbox"/> Add
		WALNUT CREEK, CA 94598	<input type="checkbox"/> Remove
DIRECTOR	KURT GARBE	2730 SHADELANDS DRIVE, BLDG 10	<input checked="" type="checkbox"/> Add
		WALNUT CREEK, CA 94598	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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:

Nhan Nguyen

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

Nhan Nguyen

(Typed or printed name of person signing)

CTO

(Title of person signing)

FILING FEE \$35.00

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