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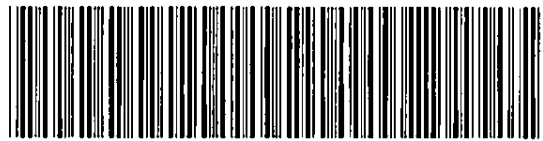
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APPROVAL
AND
FILED
2025 MAR 11 AM 8:22
MAR 11 2025

4-16-25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VIP Systems, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F24000001257

The enclosed *Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Ballam
(Name of Contact Person)

API Processing - Licensing, Inc.
(Firm/Company)

3419 Galt Ocean Drive, Suite A
(Address)

Fort Lauderdale, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Ballam at (954) 567-0013
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
2025 MAR 11 AM 8:22
TALLAHASSEE, FL

**RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW
THE ALTERNATE NAME FOR USE IN FLORIDA**
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Edward Genin, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

VIP Systems, Inc.
(Name of Corporation)

a corporation duly organized and existing under the laws of Texas,
(State or Country)

was adopted on 01/16/2024 withdrawing the alternate

name of VIP Systems Florida, Inc.
(Current Alternate Name)

in Florida as its real name is available in Florida.

Date: 04/23/2025

Signature of [Signature]

_____, Vice Chairman of the Board, a
director or any officer

Director

Title of person signing

FILING FEE \$35
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E124 (04/13)