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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MILOS WPB INC.

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F24000002592

## 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)

	(Document r	number of corporation (i	f known)		
MILOS WPB INC.					
	(Name of corporation as it ap			f State)	
Delaware		33	)24		
(lı	ncorporated under laws of)	(E	Date authorized to	do business in Flor	ida)
	(4-7 COMPLETE O	SECTION II NLY THE APPLICAB	BLE CHANGES)		
If the amendment chan	nges the name of the corporation, wh	nen was the change effec	eted under the laws	s of its jurisdiction	of
incorporation?					
				£.5-	20
(Name of corporation	after the amendment, adding suffix	"corporation," "compan	y," or "incorporate	ed," or appropriate	abbreviation
not contained in new r	name of the corporation)		,	11	SET '
				<del>보</del> 5.	
(If new name is unavai	lable in Florida, enter alternate corp	orate name adopted for	the purpose of trar	nsacting business in	
. If the amendment	t changes the period of duration, ind	icate naw period of dura	tion	SE SE	AM
. If the amendment	changes the period of dutation, ma	icate new period of dura	mon.	يسور	ထု
				프트	တ္
		(New duration)	<del></del>	nt)	10
		(7.4.			
. If the amendment	rahaanna sha luuladi silaa a Ciaaaann				
. If the amendment	t changes the jurisdiction of incorpor	ration, indicate new juris	saiction.		
				<del></del>	
		(New jurisdiction)			
	stered agent and/or registered offi		enter the name of	f the	
new registered agent	and/or the new registered office a	<u>iddress:</u>			
Name of New Reg	zistered Agent				
		orida street address)			
	17.40	mu smeet and essy			
New Registered Off	lice Address:		, Flor		
		(City)		(Zip Code)	
New Registered Age I hereby accept the ap	ent's Signature, if changing Registopointment as registered agent. I ar	ered Agent: m familiar with and acce	ept the obligations	of the position.	•
Sigi	nature of New Registered Agent, if c	hanging			

(Typed or printed name of person signing)

Title/ Capacity	Name	Address	Type of Action
CEO	Joseph Simons	180 Riverside Blvd., apt 38B	
		New York, NY 10069	Remove
			□Add
			Remove
			QAdd
			2024 SEP 13 AM 8: 52  Remove STALL Add ASSEME. FL Add
O. Attached is a of the application under the law	certificate or document of similar intion to the Department of State, by the of which it is incorporated.	mport, evidencing the amendment, authenticated ne Secretary of State or other official having custoo	not more than 90 days prior to delive dy of corporate records in the jurisdicti
		Alsy Parkins	ands of
	(Signature o	of a director, president or other officer - if in the his other court appointed fiduciary, by that fiduciar	ands of y)
	Ashley Perkins	Attorne	ev-in-Fact

FILING FEE \$35.00

(Title of person signing)