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(((H24000344099 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.*

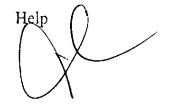
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COR AMND/RESTATE/CORRECT OR O/D RESIGN 1 VISION GROUP, INC.

Certificate of Status	0		
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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)

	F24000005124					
	(Docume	nt number of corporation (if kno	wn)			
1 Vision Group, Inc.						
•	(Name of corporation as	it appears on the records of the I	Department of Sta	ite)		
Delaware		3. September 30), 2024			
	orporated under laws of)	(Date	authorized to do b	ousiness in Flor	rida)	
	(4-7 COMPLET)	SECTION II E ONLY THE APPLICABLE	CHANGES)			
4. If the amendment change incorporation? n/a	·	, when was the change effected t	inder the laws of	its jurisdiction	of	
n/a 5						
(Name of corporation af not contained in new na	ter the amendment, adding sum me of the corporation)	flix "corporation," "company," o	г "incorporated."	or appropriate	abbrevi	ation, i
(If new name is unavaila)	ble in Florida, enter alternate o	corporate name adopted for the p	urpose of transac	ting business i	n Florid	a)
6. If the amendment c	hanges the period of duration,	indicate new period of duration.		ĪĀLI.	2024 OCT	, Figure 1
	n/a			¥:		140sen
		(New duration)		ASSE	¥.	j 7 0 0
7. If the amendment cl	hanges the jurisdiction of inco n/a	rporation, indicate new jurisdict	on.	ALL AHASSEE, FL	AM 8: 35	O
		(New jurisdiction)		-		
	nd/or the new registered offi	office address in Florida, enter ce address:	the name of the	<u> </u>		
		(Florida street address)	<u> </u>	 		
New Registered Office	2 Address:		, Florida_			
		(City)		(Zip Code)		
	's Signature, if changing Re					
I hereby accept the appo	ointment as registered agent.	I am familiar with and accept th	e obligations of t	he position.		
Signal	ture of New Registered Agent,	if changing				

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.

Adam Seligman

Adam Seligman	(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)			
Adam Sengman		Authorized Rep.		
(Typed or printed	(Title of person signing)			

FILING FEE \$35.00

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