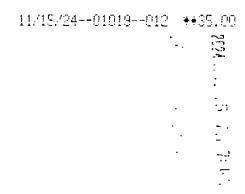
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S. PRATHER

COVER LETTER

	Nam	e of Corporation	
DOCUMENT NU	JMBER: F24000005810		
The enclosed Amo	endment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
SCOTT OGUR			
	Name of Contact Person		
ALLEAVES, INC			
	Firm/Company		
6750 N. ANDREV	VS AVE., STE. 325		
	Address		
FORT LAUDERL	DALE, FL 33309		
	City/State and Zip Code		
scottogur@gn	nail.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
SCOTT OGUR		203 5503679	
Name of Contact Person		Area Code & Daytime	Telephone Number
Enclosed is a check	c for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status Certified Copy

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

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 number of corporation (if known) ALLEAVES, INC. (Name of corporation as it appears on the records of the Department of State) Delaware (Incorporated under laws of) (Date authorized to do business in Florida) SECTION II (4-7 COMPLETE ONLA THE APPLICABLE CHANGES) If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation of 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) If the amendment changes the period of duration, indicate new period of duration. (New duration) (New jurisdiction) 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: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.	F240	00005810			
(Name of corporation as it appears on the records of the Department of State) OS/01/2024 (Incorporated under laws of)		(Document number of corporation (if known)		
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(Name of corporated under laws of) (New duration)	(Name of co	orporation as it appears on the records of	the Department of State)	·
SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation of 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) If the amendment changes the period of duration, indicate new period of duration. (New duration) (New duration) (New jurisdiction) 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: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	Delaware	3 05/01/20	024		
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(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:		. Florida		
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.		(City)		Zip Code)	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Agent's Signature, if o	changing Registered Agent:			
	l hereby accept the appointment as regist	ered agent. I am familiar with and acce	pt the obligations of the	position,	
	Signature of New Regis	stered Agent, if changing			

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

Title/ Capacity	<u>Name</u>	Address	Type of Action
(EO	ERIC HANNELIUS	6750 N. ANDREWS AVE., STE. 325	□Add
		FORT LAUDERDALE, FL 33309	
			Add
			Remove
			Q _{Add}
			Remove
			□Add
			Remove
			□Add
			Remove
10 Attached is a of the application of the application of the law	a certificate or document of similar import, e ation to the Department of State, by the Secret ws of which it is incorporated.	evidencing the amendment, authenticated no tary of State or other official having custody of	t more than 90 days prior to delivery of corporate records in the jurisdiction
	Scott Ogur		
	(Signature of a direct a receiver or other of SCOTT OGUR	ctor, president or other officer - if in the hand court appointed fiduciary, by that fiduciary) CFO	ds of
	(Typed or printed name of person signing)	 -	son signing)

FILING FEE \$35.00