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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 Phone : (305)961-1450 Fax Number : (305)423-3979

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

Email Address:

garcia@ Degasocorp.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN BABYLON INTERNATIONAL, INC.

| Certificate of Status | 0 |
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Corporate Filing Menu

Help

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| (Docu | ment Number of Co | rporation (if known) | | 形 <u>术</u> | _ | |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation: | da Statutes, this <i>Flor</i> | ida Profit Corporation ac | opts the following a | 1. | c) it(s) to | |
| A. If amending name, enter the new name of the c | corporation: | | | | | |
| name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr | ," or "Co". A pr | хту," or "Incorporated" ofessional corporation n | or the abbreviation ' | he new 'Corp.," he word | | |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD) | le: DRESS) | | | | | |
| C. Euter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo | <u>ox</u>) | | | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent | ered office address I office address: | n Florida, enter the nan | ne of the | | | |
| | | | | | | |
| | (Florida street a | ddress) | | | | |
| 14 B 1 10 10 11 | | | Florida | | | |
| New Registered Office Address: | (City |) | (Zip Code | <u>,)</u> | | |
| New Registered Agent's Signature, if changing Re- I hereby accept the appoinment as registered agent. | gistered Agent: I am familiar with | and accept the obligations | of the position. | | | |
| Sign | nature of New Regist | ered Agent, if changing | | | | |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officeredirector title by the first letter of the office title:

P = President; V= Vice President; I= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

| X Change | <u> </u> | John Doe | |
|-------------------------------|---------------|---|--------------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u> Title</u> | Name | <u>Addres</u> s |
| 1) Change | D | FRANCISCO MARTINEZ-CELEIRO | 555 NE 15th Street, Suite #100 |
| Add | | | Miami, FL 33132 |
| X Remove | | TO A DESCRIPTION OF A STATE OF A | 555 NE 15th Street, Suite #100 |
| 2) X Change | D, P, T | FRANCISCO M. MARTINEZ-MIYASHINI | |
| Add | | | Miami, FL 33132 |
| Remove Change | S, VP | ALICIA GARCIA | 555 NE 15th Street, Suite #100 |
| Add | | | Miami. FL 33132 |
| Remove | VP | angela villalibre berciano | 555 NE 15th Street, Suite #100 |
| 4) Change | | ANOLIA VILLALIA DE COLO | Miami. FL 33132 |
| Add | | | |
| Remove 5) Change | | | |
| Add | | | |
| Remove | | | |
| δ) Change | | | |
| Add | | | |
| Remove | | | |

| | cles, enter change(s) her (Be specific) | | |
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| The date of each amendment(s) date this document was signed. | ndoptton: | , if other | than the | : |
|---|---|----------------------|----------------------|----------|
| Effective date if applicable: | (no more than 90 days after amendment file date) | | | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date will be partment of State's records. | not be liste | d as the | <u></u> |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| ☐ The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors without shareholder action and | shareholder | | |
| The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | | | |
| "The number of votes can by | director, president or other officer— if directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) FRANCISCO M. MARTINEZ-MIYASHIKI | FALLAHASSEE, FLORIDA | 2021 SEP -7 PH 1: 10 | :: m0 |
| | (Typed or printed name of person signing) | | | |
| | President and Director | | | |
| | (Title of person signing) | | | |