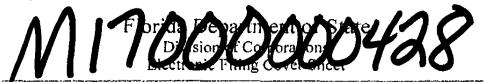
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

Expm:

Email Address:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088

Phone : (800)221-0102

Fax Number

: (800)944~6607

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

LLC AMND/RESTATE/CORRECT OR M/MG RE	SIGN
RVS TECHNOLOGY USA LLC	

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O SIMMONS MAY 0 8 2017/5/2017

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

Name of limited liability Company as it appears of State:  RVS T	on the records of the Florida Department of echnology USA LLC
	No Change
(Principal office address MUST BE A STREET ADDRESS)	No Change
MANY DE A BOOT OF THE BOY	No Change
2. The Florida document number of this limited liabil	ity company is: M17000000428
3. Jurisdiction of its organization:	Delaware
4. Date authorized to do business in Florida:	01/17/2017
SECTION II (5-9 complete only the applicable cha	inges)
5. New name of the limited liability company:(must ex-	3) ontain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted to copy of the written consent of the managers or management contain "Limited Liability Company," "L.L.C."	r the purpose of transacting business in Florida and attach a ing members adopting the alternate name. The alternate name or "LLC,")
<ol> <li>If amending the registered agent and/or registered of registered agent and/or the new registered office address.</li> </ol>	officer address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	Cuy , Florida Zip Code
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent and the provisions of all statutes relative to the provisions and accept the obligations of my position as registered	ered Agent; nd agree to act in this capacity. I further agree to comply with I camplete performance of my duties, and I am familiar with I agent as provided for in Chapter 605, F.S. Or, if this he registered office address, I hereby confirm that the limited hange.

3. If the amendmy		accordance with 605,0902 (1)(e), indicate thuthorized persons	at change:
Fitle/ Cupacity	Name	Address	Type of Action
manung stagens of	RAIMO GRONROOS	PUITTITLE 2	□Add
		HELSINKI . FI-00880 FI	<b>▼</b> Remove
lanager	JOUNI VAAHTERA	933 S MILITARY TRAIL, STE. E7	Add
		WEST PALM BEACH, FL 33415	€ Remove
lanager	JOEL TOIKKANEN	933 S MILITARY TRAIL, STE. E7	<u></u>
		WEST PALM BEACH, FL 33415	Remove
anager	PENTTI VARTIAINEN	933 S MILITARY TRAIL, STE. E7	
		WEST PALM BEACH, FL 33415	Remove
anager	EERO MARTIKAINEN	933 S MILITARY TRAIL, STE. E7	Add
		WEST PALM BEACH, FL 33415	<u></u>
aforementioned	er the law of which this entity is orga	the official having custody of records in th	c
		o Grönroos	
		ned name of signee	

Filing Feet \$25.00