MIG CCCC 3871





300332768143

08/05/19--01020 -01/ ++60.06

SECRETARY OF STATE

AUG 0 3 2079 T. LEWIEUX

COVER LETTER

_	istration Section ision of Corporations	
SUBJECT:		
	Name of Foreign Limited Liab	ility Company
Dear Sir or	Madam:	
The enclose	ed application, certificate and fee(s) are submitted f	For filing.
Please retur	m all correspondence concerning this matter to the	following:
Ken Pu	uzder	
	Name of Person	-
Exactu	is One World, LLC	
-	Firm/Company	-
80 NE	4th Avenue, Suite 28	
	Address	
Delray	Beach, Fl. 33483	
	City/State and Zip Code	_
kpuzde	er@exactusinc.com	
E-mail ac	ldress: (to be used for future annual report notifica-	tion)
For further	information concerning this matter, please call:	
Ken Pu	uzder at (770	, 722-0519
		& Daytime Telephone Number
	REET/COURIER ADDRESS:	MAILING ADDRESS:
, -	istration Section sistemation Section of Corporations	Registration Section Division of Corporations
1	ton Building	P.O. Box 6327
1	1 Executive Center Circle ahassee, Florida 32301	Tallahassee, Florida 32314
	a check for the following amount:	
S25 Filir	ng Fee \$\square \\$30 \text{ Filing Fee & \$\square \\$55 \text{ Filing Fee & Certifies}\$	ng Fee & III \$60 Filing Fee. d Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

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

SECTION I (1-4 must be completed)

2013 AUG -5 P 3 32

1. Name of limited liability Company as it appears	s on the records of the Florida Department of SECRETARY UF STATE
State: Exactus One World, LLC	TALLAHASSEE, FLORIDA
Enter new principal office address, if applicable:	80 NE 4th Avenue, Suite 28
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, Fl. 33483
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	bility company is: M1900003871
3. Jurisdiction of its organization: Nevada	
4. Date authorized to do business in Florida: 4/1	2/2019
SECTION II (5-9 complete only the applicable of	
5. New name of the limited liability company: (must	contain "Limited Liability Company, " "L.IC.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	gistered Agent: at and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
President	Emiliano Aloi	80 NE 4th Avenue, Suite 28, Dolray Beach, Fl. 3	3483 Add
			Remov
CFO_	Ken Puzder	80 NE 4th Avenue, Suite 28, Delray Beach, Fl. 3	3483 ■ Add
			Remov
CFO	Kelley Wendt	**************************************	Add
		80 NE 4th Avenue, Suite 28, Delray Beach, Fl. 33	3483 ■ Remove
_ 			Add
			Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
aforemention	certificate, if required: no more than ned amendment(s), duly authenticated under the law of which this entity is o	by the official having custody of records in the	:

Filing Fee: \$25.00