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From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.

Account Number : 076424003301 Phone : (813)223-7474 : (813)227-0435 Fax Number

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

Email Address: kevin.schaal@imagetechsys.com

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

SECTION I (1-4 must be comp	leted)	.
1. Name of limited liability Company as it appears on the records of the	Florida Department of	
State: ImageTech Systems, LLC		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address	202	
MAY BE A POST OFFICE BOX)	24 SE	-,-
	- D	
2. The Florida document number of this limited liability company is: $\underline{\underline{M2}}$	1000016597	-
3. Jurisdiction of its organization: Delaware	2024 SEP 23 PH 12: 28	Ţ
4. Date authorized to do business in Florida: 12/08/2021	28	
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company: Al Global Solutions, LLC	;	
(must contain "Limited Lia	bility Company. " "L.L.C" or "LLC."	')
(If name unavailable, enter alternate name adopted for the purpose of tracepy of the written consent of the managers or managing members adopt must contain "Limited Liability Company," "L.L.C." or "LLC.")	nsacting business in Florida and attach a ing the alternate name. The alternate na	a une
6. If amending the registered agent and/or registered officer address on o registered agent and/or the new registered office address here:	ar records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:	er Florida Street Address	
7,746		
Cuy	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete perform and accept the obligations of my position as registered agent as provided document is being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.	ance of my duties, and I am familiar wi I for in Chapter 605, F.S. Or, if this	ith

	8067-4FEB-ACAF-D2EC13841874 nt changes the jurisdiction of organiza	ation, indicate new jurisdiction:	(((H2400032338
8. If the amendmen	it changes person, title or capacity in a	ecordance with 605.0902 (1)(e), indica	e that change:
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of A
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Filing Fee: \$25.00

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To:

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AI GLOBAL SOLUTIONS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AI GLOBAL SOLUTIONS, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204452811

Date: 09-23-24