P13000036474

| (Req | uestor's Name) | | | |
|---|-----------------|-------------|--|--|
| (Add | ress) | | | |
| (Add | ress) | | | |
| (City | /State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | iness Entity Na | me) | | |
| (Doc | ument Number |) | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: Amendment Se Division of Cor | | | | | | | |
|-------------------------------------|--|---|---|--|--|--|--|
| NAME OF CORPO | DRATION: MICADCO CORP | | | | | | |
| | 1BER: P13000036474 | | | | | | |
| The enclosed Article | es of Amendment and fee are su | bmitted for filing. | | | | | |
| Please return all corr | respondence concerning this ma | tter to the following: | | | | | |
| | ARNAUD RAINFRAY | | | | | | |
| | | Name of Contact Perso | n | | | | |
| | O'BRIEN AVOCATS S.E.N.C.R.L. | | | | | | |
| | | Firm Company | | | | | |
| | 600-140 GRANDE-ALLEE | | | | | | |
| | | Address | | | | | |
| | QUÉBEC, PROVINCE OF (| QUÉBEC, G1L 2L4 | | | | | |
| | | City State and Zip Cod | · · | | | | |
| | ARAINFRAY@OBRIENAV | OCATS.QC.CA | | | | | |
| | E-mail address: (to be u | sed for future annual report | notification | | | | |
| For further informati | ion concerning this matter, plea | se call: | | | | | |
| ARNAUD RAINFRAY | | 418 at (| 6481511 ode & Daytime Telephone Number | | | | |
| Name | e of Contact Person | Area Co | ode & Daytime Telephone Number | | | | |
| Enclosed is a check | for the following amount made | payable to the Florida Dep | artment of State; | | | | |
| S35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | | |
| <u>Mailing Address</u> | | | Address | | | | |
| | nendment Section vision of Corporations | Amendment Section Division of Corporations | | | | | |
| | O, Box 6327 | The Centre of Tallahassee | | | | | |
| | dlahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |

Articles of Amendment to Articles of Incorporation of

MICADCO CORP

/ .1 +9 / 9; - ·

| Corporation (if known) Florida Profit Corporation adopts the following amendment(s) The new |
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| Florida Profit Corporation adopts the following amendment(s) |
| Florida Profit Corporation adopts the following amendment(s) |
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| The new |
| Thc = ncw |
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| ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word |
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| ess in Florida, enter the name of the |
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| ret address) |
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| , Florida |
| Cav) Zip Coder |
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| ith and accept the obligations of the position. |
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| |
| gistered Agent, if changing |
| |

Check if applicable

 $[\]square$ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = 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 PTO

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.

\underline{X} Change <u>11</u> John Doe X Remove \overline{X} Mike Jones X Add \underline{SV} Sally Smith Type of Action <u>Title</u> <u>Address</u> <u>Name</u> (Check One) FRANÇOIS WALSH 979, de Bourgogne, Suite 400 1) ____ Change Quebec City (Quebec) GTW 2L4 ____ Add Canada Remove HÉLÉNE GODBOUT 979, de Bourgogne, Suite 400 S CFO _ Change Quebec City (Quebec) G1W 2L4 ____ Add Canada _____ Remove 3.) _____ Change ____ Add __ Remove 4) ____ Change ____ Add ____ Remove 51 ____ Change ____ Add ____ Remove 6) ___ Change ____ Add ____ Remove

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| an amendment provides for an exchai | ge, reclassification, or | r cancellation of issue | d shares, | |
| rovisions for implementing the amend (if not applicable, indicate N/A) | meni ii not contained | in the amenoment its | sen; | |
| (i) nor appretaine, martine way | | | | |
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(Title of person signing)