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To:	Division of Co Fax Number	rporations : (850)617-6380		SEC	2024 (
From:	Account Name	: NEIMAN & INTERIAN, : 120180000010 : (305)530-9400 : (305)530-9409	PLLC	CRETARY OF S	DEC 10 PH 7:	
			entity to be used for future email address please.**	FL	59	

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN GALVES TECHNOLOGIES, INC.

Certificate of Status	1
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

GALVES TECHNOLOGIES, INC. NAME OF CORPORATION: P19000076048 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALBERTO INTERIAN, ESQ. Name of Contact Person NEIMAN & INTERIAN, PLLC Firm/ Company 2020 PONCE DE LEON BOULEVARD SUITE 1005B Address CORAL GABLES, FLORIDA 33134 City/ State and Zip Code E-mail address: (to be used for future annual report notification) CRETARY OF STATE 'ALLAHASSEE, DEC 10 PH 7: For further information concerning this matter, please call: 1 ALBERTO INTERIAN, ESQ. 305 530-9400 at (Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 59 □\$43.75 Filing Fee & S35 Filing Fee **\$43.75** Filing Fee & **\$**\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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to Articles of Inc	•
	INOLOGIES, INC.
P19000076048	y flled with the Florida Dent, of State)
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	• • •
A. If amending name, enter the new name of the corporation:	
ADASOFT USA, INC	The new
 "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new princinal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 	SECRETA SECRETA
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: Name of New Registered Agent	
	FLAT 59
(Florida stre	
<u>New Registered Office Address</u> :	(City) (Zip Coda)
New Registered Agent's Signature. If changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	, with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

.;		{((H24	1000402078 3)))
widdress of each Office (Attach additional she Please note the officer P = President; V = VI Executive Officer; CF President, Trassurer, Changes should be no a change, Mike Jones	er and/or 1 ets, if neces director tit ce Presiden O = Chief F Director we ted in the fo leaves the c	Director being added: sary) de by the first letter of the office ut; T- Treasurer; S- Secretary; Financial Officer. If an officer/di suld be PTD. Sllowing manner. Currently Joh	name of each officer/director being removed and title, name, and title: D = Director; $TR = Trussee$; $C = Chairman or Clerk$; $CEO = Chiefrector holds more than one title, list the first letter of each office held.In Doe is listed as the PST and Mike Jones is listed as the V. There isred the V and S. These should be noted as John Doe, PT as a Change,$
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change		<u> </u>	
Add			·
3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
රා Change			
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

F. If na amendment provides for an exchange, reclassification, or cancellation of issued sbares, neovisions for inviewenting the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	2024 DEC 10 PM 8: 00	
	0	

8506176380	From: 3055309409	12/10/2024 2:44:38 PM	p. 7 of 7
The date of each amendment(s) a date this document was signed.	doption:(((H24000402078 3)))	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after a		
	(no more than 90 days after a	amendment file date)	
Note: If the date inserted in this b document's effective date on the D	block does not meet the applicable statutor oparument of State's records.	y filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of direct	ctors without shareholder action and sl	nareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of v ifficient for approval.	rotes cast for the amendment(s)	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting geach voting group entitled to vote separate	groups. The following statement ty on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient i	for approval	
by	(voting group)	<u>,</u> ,	
	(voting group)		
Signature	13/2024 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		21124 (SEC)
selecte	irector, president or other officer – if directs d, by an incorporator – if in the hands of a r red fiduciary by that fiduciary)	ecolutor inicipal or other cours	DEC 10
	Francisco Javier Cortada Campos		RY O T
	(Typed or printed name of perso	on signing)	in in in
	President		
	(Title of person signing)	r r	DO

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