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| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | MAIT               | MAIL        |
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| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
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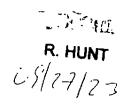
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United Habitations of College College



#### COVER LETTER

| TO: Amendmer            | at Section Division of Corporation                     | 18                                    |  |
|-------------------------|--|---------------------------------------|--|
| SUBJECT:                |  | Transer Bridg                         | je, INC.   |
|                         | Name   | of Corporation                        |  |
| DOCUMENT NUM            | IBER: <u>1794377</u>                                   |                                       |  |
| The enclosed Amen       | dment and fee are submitted for f                      | iling.                                |  |
| Please return all cor   | respondence concerning this matt                       | er to the following:                  |  |
| <u> Kacy</u> S          | Name of Contact Person                                 | ···········                           |  |
| Trailer                 | Firm/Company   | <del></del>                           |  |
| 10405 Ne                | W BEVILV P.C.  |                                       |  |
| Jacklanni               | City/State and Zip Code                                |                                       |  |
| KSWWWW<br>E-mail addres | NB WAILWW LAGE. (Cos: (to be used for future annual re |                                       |  |
| For further informa     | tion concerning this matter, pleas                     | e call:                               |  |
| Kacu SW                 | Of Contact Person                                      | at ( 004 ) 151<br>Area Code & Daytime | - 7410<br>Telephone Number                                   |
| Enclosed is a check     | for the following amount:                              |                                       |  |
| □\$35 Filing Fee        | ☐ \$43.75 Filing Fee & Certificate of Status           | ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy |

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### PROFIT CORPORATION

### APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

#### SECTION I (1-3 MUST BE COMPLETED)

| -  | P34372  |                            |  | _          |               |                    |                   |
|--|---|----------------------------|--|------------|---------------|--------------------|-------------------|
| The law north  | Document number of c                          | orporation (if             | known)                                       |            |               |                    |                   |
| IVOLIEN BYIOU  | Je, MC  |                            | - Donastinius                                | of State   |               |                    |                   |
| (Name of corpor  | ation as it appears on th                     | ie records of ti<br>-)     | X 0 10                                       | 100        | ,<br>,        |                    |                   |
| (Incorporated under laws)  | of)   | 3 <u>\</u><br>(Da          | ite authorized t                             | o do bus   | siness in Flo | rida)              | _ <del></del>     |
| (  | SECTION                                       | ONLI                       |  |            |               |                    |                   |
| (4-7 COM   | SECTION SECTION OF THE                        |                            | LE CHANGES                                   | S)         |               |                    |                   |
| If the amendment changes the name of the corincorporation?                                   |   |                            | ed under the la                              | ws of its  | jurisdiction  | of                 |                   |
| (Name of corporation after the amendment, ac<br>not contained in new name of the corporation | dding suffix "corporatio"<br>)                | on," "company              | " or "incorpor                               | ated," or  | appropriate   | : abbro            | eviation.         |
| (If new name is unavailable in Florida, enter a  | lternate corporate name                       | adopted for the            | ne purpose of t                              | ransactii  | ng business i | in Flor            | rida)             |
| . If the amendment changes the period of c   | duration, indicate new p                      | eriod of durat             | ion.   |            |               |                    |                   |
|  |   |                            |  |            |               | 2                  | Ξ,                |
|  | (New du                                       | ration)                    |  | _          |               | 123                | Craisies          |
|  |   |                            |  |            |               | 7. 2.              | - 살아<br>- 말다      |
| . If the amendment changes the jurisdictio   | n of incorporation, indi-                     | cate new juris             | diction.                                     |            |               | 07:31 Hd2 +355 831 | COSTC<br>(87 OF 2 |
|  | (New juris                                    | sdiction)                  | <u>.                                    </u> | _          |               | 12:40              |                   |
| If amending the registered agent and/or re   | gistered office address                       | in Florida, e              | oter the name                                | of the     |               |                    |                   |
| new registered agent and/or the new regist   | ered office address:                          |                            |  |            |               |                    |                   |
| Name of New Registered Agent   |   |                            |  |            |               |                    |                   |
|  | (Florida street                               | address)                   | <del></del> -                                |            |               |                    |                   |
| New Registered Office Address:   | (City)  |                            | F  | lorida     | (Zip Code)    |                    |                   |
|  | •   |                            |  |            | (24)          |                    |                   |
| New Registered Agent's Signature, if char<br>Thereby accept the appointment as registered    | iging Registered Agen<br>Lagent. Lam familiar | <u>t:</u><br>with and acce | pt the obligatio                             | ons of the | z position.   |                    |                   |
| - many accept me approximation in regime or  | Ģ :: ,,                                       | ·                          |  | -          |               |                    |                   |
| Signature of New Registers   | ed Agent, if changing                         |                            |  |            |               |                    |                   |

| Title/ Capacity                                 | <u>Name</u>  | Address   | Type of Action   |
|---|--|---|--|
| CFO_  | Gregory Heffner  | 10405 New Berlin Rd   | <b>iÁ</b> Add  |
|   |  | Jacksonville, FL, 32226   | Remove   |
| <u>(XO</u>                                      | Joseph Fredtas   | 10405 New Beryned   |  |
|   |  | Jacksonville, FL, 3222  | 6 Kemove   |
|   | 40-71  |   | 🖫 Add  |
|   |  |   |  |
|   |  |   | □Add   |
|   |  |   | Remove   |
|   |  |   |  |
|   |  |   | Remove   |
| 10. Attached is a of the application of the law | certificate or document of similar import<br>tion to the Department of State, by the Sec<br>s of which it is incorporated. | , evidencing the amendment, authenticated not retary of State or other official having custody of       | more than 90 days prior to delive<br>f corporate records in the jurisdiction |
|   | 1777   |   |  |
|   | (Signature of a dir  | rector, president or other officer - if in the hands<br>r court appointed fiduciary, by that fiduciary) | s of   |

FILING FEE \$35.00

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRAILER BRIDGE, INC." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF OCTOBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRAILER BRIDGE,

INC." WAS INCORPORATED ON THE FIRST DAY OF APRIL, A.D. 1991.

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



Authentication: 204455220

Date: 10-26-23

2258781 8300 SR# 20233821543