

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134151

Entity Name: EVOLIS, INC.**Current Principal Place of Business:**3201 W. COMMERCIAL BLVD
SUITE 110
FORT LAUDERDALE, FL 33309**Current Mailing Address:**3201 W. COMMERCIAL BLVD
SUITE 110
FORT LAUDERDALE, FL 33309 US**FEI Number:** 20-1690680**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEWIS, RUTH
3201 W. COMMERCIAL BLVD
SUITE 110
FORT LAUDERDALE, FL 33309 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** RUTH LEWIS

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	PICOT, EMMANUEL R.
Address	14 AV DE LA FONTAINE - ZI ANGERS
City-State-Zip:	BEAUCOUZE 49070

Title	SECRETARY, DIRECTOR
Name	BELANGER, CECILE M.
Address	14 AV DE LA FONTAINE - ZI ANGERS
City-State-Zip:	BEAUCOUZE 49070

Title	TREASURER, DIRECTOR
Name	LAHAYE, JEAN LOUIS N.
Address	14 AV DE LA FONTAINE - ZI ANGERS
City-State-Zip:	BEAUCOUZE 49070

Title	DIRECTOR
Name	CHRISTIAN, LEFORT W.
Address	14 AV DE LA FONTAINE - ZI ANGERS
City-State-Zip:	BEAUCOUZE 49070

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CECILE BELANGER**SECRETARY**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date