

2024 FLORIDA PROFIT CORPORATION AMENDED 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:**FIDUCIAL JADE INC
990 BISCAYNE BLVD
OFFICE 701
MIAMI, FL 33132 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:** OLIVIER SUREAU

10/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CFO, SECRETARY
Name GERMAIN, GREGOIRE
Address 14 AV DE LA FONTAINE
 ZI ANGERS
City-State-Zip: BEAUCOUZE 49070

Title DIRECTOR, VP
Name PERAUDEAU, CHRISTOPHE
Address 14 AV DE LA FONTAINE
 ZI ANGERS
City-State-Zip: BEAUCOUZE 49070

Title DIRECTOR, VP
Name MIERMONT, JEROME
Address 14 AV DE LA FONTAINE
 ZI ANGERS
City-State-Zip: BEAUCOUZE 49070

Title CEO, DIRECTOR
Name GOMES, DANIEL
Address 14 AV DE LA FONTAINE
 ZI ANGERS
City-State-Zip: BEAUCOUZE 49070

Title DIRECTOR
Name LUCAS, JOAO
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: GERMAIN , GREGOIRE**SECRETARY**

10/17/2024

Electronic Signature of Signing Officer/Director Detail

Date