RI SOS Filing Number: 202342441930 Date: 10/26/2023 12:05:00 PM



Application for Amended Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL <u>7-1,2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement.

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1. Entity ID Number:	2. The name of the corporation	n is:				
000073377	ATKINS NORTH AMERICA, INC.					
3. It is incorporated under the laws of:		List the date the Certificate of Authority was issued by the RI Department of State:				
Florida		07-22-1993				
5. If the entity's name has cha state the new name:	nged, ATKINSREALIS USA					
		Check box to indicate no change				
	h it elects to use in Rhode Island					
	an abbreviation thereof, then lis	ation does not contain the word "corporation," "company," the name of the corporation with the addition of one of the				
		n set forth below the fictitious name under which the the "Fictitious Business Name Statement" to be filed with this				
7. If the entity's purpose is cha transacted in the State of Rhode is		ection: *The new purpose should include ALL activity to be recommendate.				
Check the box to indicate an a	attachment	Check box to indicate no change ✓				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FILED STAMP OCT 26 2023 12:05pm

BY LNS 4TFJ1

FORM 151 - Revised: 12/2021

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE	
					44 , 14
					.
Check the box to indicate a	an attachment		Check	k box to indicate no cha	inge 🗸
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be transacted by the corpo	ration at or from placed to the gross amou	rtion of the gross amount of tes of business in Rhode Isl nt thereof which will be tran	and during sacted by the		%
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_			ncipal address:	box to indicate no char	 nge √
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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 26, 2023 12:05 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

