RI SOS Filing Number: 202458344970 Date: 7/25/2024 12:11:00 PM

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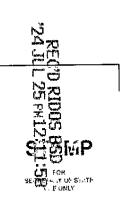
State of Rhode Island

Department of State - Business Services Division

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 RI Amended Certificate of Authorit the following statement:	GL <u>7-1.2-1411</u> , the undersigne y to transact business in the St	ed foreign corporation hereby applies for an State of Rhode Island, and for that purpose submits				
1. Entity ID Number:	2. The name of the cor	2. The name of the corporation is:				
001754517	MILLENNIUM PRODUCTS OF AMERICA, INC.					
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:				
Delaware		03/16/2023				
5. If the entity's name has o state the new name:	changed, NUVANT OF A	AMERICA, INC				
		Check box to indicate no change				
6. The name, if different, w	hich it elects to use in Rhoo	de Island is:				
"incorporated," or "limited," above corporate endings fo	or an abbreviation thereof, or use in Rhode Island:	ncorporation does not contain the word "corporation," "company,", then list the name of the corporation with the addition of one of the				
(b) If the corporate name is corporation will transact but application:	s not available in Rhode Isla usiness in Rhode Island as :	and, then set forth below the fictitious name under which the stated in the "Fictitious Business Name Statement" to be filed with this				
7. If the entity's purpose is transacted in the State of Rho	changing complete the folloode Island.	lowing section: *The new purpose should include ALL activity to be				
Check the box to indicate	an 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 JUL 25 2024 BY 304-67

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.

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE O	PAR VALUE OR STATE NO PAR VALUE		
					· · · · · · · · · · · · · · · · · · ·	
Check the box to indicate a	an attachment		Check I	box to indicate n	o change 🗹	
of the corporation to be loc of all property of the corpor (Note: Percentage obtained	ated within this state ration to be owned du d from worksheet.)	rtion that the estimated value during the following year beauring the following year, wher	ars to the value ever located.		′%*້	
8b. An estimate, as a percentage , of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (<i>Note: Percentage obtained from worksheet.</i>)						
		on has paid all fees and taxe				
10. Except as herein modified a	fied, the original Appli and incorporated by r	ication for Certificate of Authoreference into this Application	ority continues in for Amended Cer	ull force and effe tificate of Author	ct and is ity.	
11. Date when the Amende	ed Certificate of Author	ority will be effective: CHECK	ONE BOX ONLY		-14	
✓ Date received (Upon	filing)					
Later effective date (D	Date must be no more	e than 90 days from the date	of filing)		g* * .	
12. Under penalty of perjuincluding any accompanyi	ry, I declare and affirming attachments, and	m that I have examined this A that all statements contained	Application for Ame I herein are true ar	ended Certificate nd correct.	of Authority,	
Name of Authorized Office	r of the Corporation			Date	•	
Saray Djidji, Attorney	in Fact			7/24/2024	18 to 978 ff	
Signature of Authorized O	fficer		<u></u>		. das	
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Limited Power of Attorney

The undersigned Officer of NUVANT OF AMERICA, INC, a Delaware entity ("the Company"), appoints Saray Djidji as attorneyinfact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Kevin Duteau, Special Secretary grants to the attorneyinfact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Corporate Creations, 801 US Highway 1, North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 24th day of July 2024.

NUVANT OF AMERICA, INC,

Ву: ____

Name: Kevin Duteau Title: Special Secretary

STATE OF FLORIDA COUNTY OF PALM BEACH

Subscribed and sworn to before me this 24th day of July, 2024.

Notary Public

ARIANA ROSE TUROSKI Commission # HH 385524 Expires April 11, 2027 RI SOS Filing Number: 202458344970 Date: 7/25/2024 12:11:00 PM



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:

July 25, 2024 12:11 PM

Gregg M. Amore
Secretary of State

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