

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 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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Entity ID Number:	2. The name of the corporation is:		
001693043	Korber Supply Chain US, 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		2-18-2019	
5. If the entity's name has cha state the new name:	^{nged,} Infios US, Inc.		
		Check box to indicate no change	
6. The name, if different, which	h it elects to use in Rhode Island	d is:	
"incorporated," or "limited," or above corporate endings for u (b) If the corporate name is no corporation will transact busing application:	an abbreviation thereof, then lis se in Rhode Island: of available in Rhode Island, the ess in Rhode Island as stated in	ation does not contain the word "corporation," "company," the name of the corporation with the addition of one of the 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 in		ection: *The new purpose should include ALL activity to be	
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

BYX X 2025

FORM 151 Revised 3/2024

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE	
3,000	Common	N/A	\$0.01	\$0.01	
Check the box to indicate	e an attachment		Check	box to indicate no change	
of the corporation to be le	ocated within this sta poration to be owned	portion that the estimated val ite during the following year b during the following year, wh	pears to the value	0 %	
be transacted by the corp the following year compa	poration at or from planed to the gross amo	portion of the gross amount of aces of business in Rhode Is bunt thereof which will be tran Percentage obtained from wo	sland during nsacted by the	0 %	
9. As required by RIGL 7	<u>-1,2-105</u> , the corpora	ation has paid all fees and tax	xes.		
		plication for Certificate of Au y reference into this Applicati			
11. Date when the Amen	ded Certificate of Aut	thority will be effective: CHEC	CK ONE BOX ONL	Y	
Date received (Upon	-	ore than 90 days from the dat	te of filing)		
12. Under penalty of per	iury, I declare and aff		Application for Am	ended Certificate of Authority, nd correct	
Name of Authorized Officer of the Corporation			Date		
Name of Authorized Office	er of the Corporation	•			
Name of Authorized Office Jason Russell	cer of the Corporation	•		March 13, 2025	
ı		DocuSigned by:		March 13, 2025	