RI SOS Filing Number: 202575638750 Date: 6/16/2025 3:45:00 PM



Application for Amended Certificate of Authority

FOREIGN Business Corporation

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

RECEIVED R.I. DEPT. OF STATE RECEIVED BUS SYCS DIVALL DEPT. OF STATE BUS SYCS DIV
2025 HAY 33 P 3: 38 JUN 16 P 3: 36

			£ 02.0			
		igned foreign corporation hereby appli e State of Rhode Island, and for that p				
1 Entity ID Number:	2. The name of the	2. The name of the corporation is:				
000796947	IOA National,	IOA National, Inc.				
3 It is incorporated under the laws of:		List the date the Cer RI Department of State		he • •		
Florida		02/28/13	20 20 1			
5. If the entity's name has distate the new name	hanged,	•	Check box to indicate no change[7		
6. The name, if different, wh	nich it elects to use in Rh	node Island is				
 (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 						
transacted in the State of Rhoo		ollowing section. *The new purpose	snould include ALL activity to be			
Check the box to indicate a	n attachment 🗌		Check box to indicate no change	Z		

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

JUN 1 6 2025

BY LKS LEWRSH

FORM 151 - Revised 3/2024

NUMBER OF SHARES	CLASS	SERIFS	PAR VALUE	PAR VALUE OR STATE NO PAR VALUE	
1,000,000	Common		\$1.00		
				.	
Check the box to indicate	e an attachment		Check	k box to indicate no change	
of the corporation to be lo	ocated within this state oration to be owned d	ortion that the estimated value of during the following year bear uring the following year, where	rs to the value	0 %	
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. (Note: Percentage obtained from worksheet.)				0%	
9. As required by RIGL 7	- <u>1.2-105,</u> the corporati	on has paid all fees and taxes.			
		lication for Certificate of Author reference into this Application f			
11. Date when the Amend	ded Certificate of Auth	ority will be effective: CHECK (ONE BOX ONL	Υ	
✓ Date received (Upor	n filing)				
Later effective date	(Date must be no more	e than 90 days from the date of	f filing)		
		m that I have examined this Ap that all statements contained h			
lame of Authorized Officer of the Corporation				Date	
Thomas Meyers, Jr.	05/29/25				
Signature of Authorized C	Officer	Show Mey L		•	

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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:

June 16, 2025 03:45 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

