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Application for Amended Certificate of Authority

FOREIGN Business Corporation

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

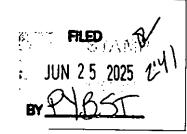
Pursuant to the provisions of Amended Certificate of Autho the following statement:	RIGL <u>7-1.2-1411.</u> the undersignity to transact business in the	gned foreign corporation hereby applies for an a State of Rhode Island, and for that purpose submits				
1. Entity ID Number:	2 The name of the o	corporation is:				
001758682	FFP Effects Di	P Effects Distribution, 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:				
California		06-09-2023				
5. If the entity's name has state the new name:	changed, ffp effects, Ir	nc.				
A == 1		Check box to indicate no change				
	which it elects to use in Rho					
"incorporated," or "limited, above corporate endings	," or an abbreviation thereo	incorporation does not contain the word "corporation," "company," if, then list the name of the corporation with the addition of one of the				
(b) If the corporate name is corporation will transact be application:	is not available in Rhode Is usiness in Rhode Island as	sland, 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 folloge Island.	llowing section: *The new purpose should include ALL activity to be				
Check the box to indicate a	an attachment 🗍	Check how 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.



NUMBER OF SHARES	CLASS	SERIES F	PAR VALUE OR STATE NO PAR VALUE		
			·	-	
Check the box to indicate a				box to indicate	no change
of the corporation to be loca	ated within this state of ation to be owned dur	tion that the estimated value of the during the following year bears to the fing the following year, wherever located the following year, where years are the following year, where years are the following y	e value	0	%
be transacted by the corporation that the following year compared	ation at or from place I to the gross amount	ion of the gross amount of business is of business in Rhode Island durin thereof which will be transacted by tentage obtained from worksheet.)	na l	0	%
9 As required by RIGL 7-1.2	2-105, the corporation	has paid all fees and taxes.			
 Except as herein modified an hereby confirmed, ratified an 	ed, the original Applic nd incorporated by re	ation for Certificate of Authority con ference into this Application for Am	tinues in fo ended Cert	ull force and el tificate of Auth	Tect and is ority.
11. Date when the Amended	Certificate of Author	ity will be effective: CHECK ONE B	OX ONLY	· · ·	
Date received (Upon filing)	ing)				
Later effective date (Da	ite must be no more t	han 90 days from the date of filing)		<u>.</u>	·
12 Under penalty of perjury ncluding any accompanying	, I declare and affirm a attachments, and th	that I have examined this Application at all statements contained herein a	on for Amei are true an	nded Certificat d correct.	e of Authority
Name of Authorized Officer of	of the Corporation	2/		Date	
Nicolai Sabottka, Presid	dent			06 [23]	2025
Signature of Authorized Office	cer		<u>. </u>		
				<u> </u>	