F2100000 2352

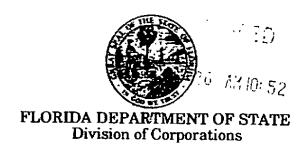
(Re	equestor's Name)	
(Āc	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_





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R 1VH TE. SEP 08 2021



August 6, 2021

STACIE EARWOOD 2020 STARITA RD STE E CHARLOTTE, NC 28206

SUBJECT: BMA AMERICA, INC. Ref. Number: F21000002352

We have received your document for BMA AMERICA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted no longer meets the filing requirements of the Fla. statutes for changing/adding officers/directors. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 721A00018702

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F21000002352

-	(Document number of corporation (if known)	
BMA America, Inc.		
	e of corporation as it appears on the records of the Department of Stat	e)
Colorado	3. 05/01/2021	
(Incorporated u	nder laws of) (Date authorized to do b	usiness in Florida)
	SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)	
	of the corporation, when was the change effected under the laws of i	ts jurisdiction of
(Name of corporation after the ame not contained in new name of the co	ndment, adding suffix "corporation," "company," or "incorporated," or	or appropriate abbreviation,
	da, enter alternate corporate name adopted for the purpose of transact	ing business in Florida)
6. If the amendment changes the	period of duration, indicate new period of duration.	
	(New duration)	
7. If the amendment changes the j	jurisdiction of incorporation, indicate new jurisdiction.	
	(New jurisdiction)	
. If amending the registered agent : new registered agent and/or the n	and/or registered office address in Florida, enter the name of the ew registered office address:	: ::
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida, Florida	(Zip Code)
Nam Oastatana I Amarika Cimaa	·	(Zip Coae)
New Registered Agent's Signatur I hereby accept the appointment as	e, it changing Registered Agent: registered agent. I am familiar with and accept the obligations of th	e position.
Signature of New	Registered Agent, if changing	

9. If the amendment changes person, title or capacity in accordance with 607,1504 (4), indicate that change: Title/ Capacity Address Type of Action Name Treasurer Ruth Cook 2020 Starita Road, Suite E ☑Add Charlotte, NC 28206 Remove Dr. Christian Beer 2020 Starita Road, Suite E Director □Add Charlotte, NC 28206 Remove **□**Add Remove □Add Remove \square Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

FILING FEE \$35.00

(Title of person signing)

Stacie Earwood

(Typed or printed name of person signing)