

Please upload an exhibit that explains how does the TCB verify the new agent information:

1- Is the address of the agent a valid physical US mailing address (not a US post office box, not a virtual mailbox, not P.O. Boxes, not a vacant lot, not a public building, etc.)

- We have checked if the address exists in a real and potential building (Google maps) + official US register, after this verification and the evidence below we can guarantee the following:
 - ✓ not a US post office box
 - ✓ not a virtual mailbox
 - ✓ not P.O. Boxes
 - ✓ not a vacant lot
 - ✓ not a public building(note)

► We checked the FCC FRN Search based on the information provided by the grantee.

Registration Detail	
FRN:	0033584798
Registration Date:	03/27/2023 04:34:00 AM
Last Updated:	
Entity Name:	Nipoc Inc
Entity Type:	Foreign Entity
Contact Organization:	
Contact Position:	Director Sales & Marketing
Contact Name:	Jose Copin
Contact Address:	138 Greymon Dr., West Palm Beach, FL 33405 United States
Contact Email:	jay.zhang@linyartech.com
ContactPhone:	(917) 679-7979
ContactFax:	

On the official register from : <https://floridaucc.com/search?text=Nipoc+Inc&searchOptionType=OrganizationDebtorName&searchOptionSubOption=FiledCompactDebtorNameList&searchCategory=Exact>

Name	UCC Number	Address	City	State	Zip Code	Status
NIPOC INC	202003050548	138 GREYMON DR	WEST PALM BEACH	FL	33405	FILED

Detail Record For: 202003050548				
Status	Date Filed	Expires	Filings Completed Through	Summary For Filing
Filed	07/01/2020	07/01/2030	11/24/2025	202003050548
Filing Events				Events Filed: 1 View Filing History
Secured Parties				Current Secured Parties: 1
Name & Address				
U.S. SMALL BUSINESS ADMINISTRATION 2 NORTH STREET, SUITE 320, BIRMINGHAM, AL, 35203				
Debtor Parties				Current Debtor Parties: 1
Name & Address				
NIPOC INC 138 GREYMON DR, WEST PALM BEACH, FL, 33405				
Document Images				Pages in all forms/attachments: 2

FINANCING STATEMENT FORM

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON
 Corporation Service Company; 1-800-858-5294
 Email FLSOSUCCFilingsV3@cscglobal.com

B. SEND ACKNOWLEDGEMENT TO:

FILED

2020 Jul 01 11:04 PM

***** 202003050548 *****

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1a OR 1b) - Do Not Abbreviate or Combine Names

1a. ORGANIZATION'S NAME

Nipoc Inc

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS Line One

138 Greydon Dr

This space not available.

MAILING ADDRESS Line Two

CITY

West Palm Beach

STATE

FL

POSTAL CODE

33405

COUNTRY

USA

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2a OR 2b) - Do Not Abbreviate or Combine Names

2a. ORGANIZATION'S NAME

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS Line One

This space not available.

MAILING ADDRESS Line Two

CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - INSERT ONLY ONE SECURED PARTY NAME (3a OR 3b)

3a. ORGANIZATION'S NAME

U.S. Small Business Administration

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS Line One

2 North Street, Suite 320

This space not available.

MAILING ADDRESS Line Two

CITY

Birmingham

STATE

AL

POSTAL CODE

35203

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

All tangible and intangible personal property, including, but not limited to: (a) inventory, (b) equipment, (c) instruments, including promissory notes (d) chattel paper, including tangible chattel paper and electronic chattel paper, (e) documents, (f) letter of credit rights, (g) accounts, including health-care insurance receivables and credit card receivables, (h) deposit accounts, (i) commercial tort claims, (j) general intangibles, including payment intangibles and software and (k) as-extracted collateral as such terms may from time to time be defined in the Uniform Commercial Code. The security interest Borrower grants includes all accessions, attachments, accessories, parts, supplies and replacements for the Collateral, all products, proceeds and collections thereof and all records and data relating thereto. ALL DOCUMENTARY STAMPS DUE AND PAYABLE OR TO BECOME DUE AND PAYABLE, HAVE BEEN PAID. 162452 8007

5. ALTERNATE DESIGNATION (if applicable)

☐ LESSEE/LESSOR

☐ CONSIGNEE/CONSIGNOR

☐ BAILEE/BAILOR

☐ AG LIEN

☐ NON-UCC FILING

☐ SELLER/BUYER

6. Florida DOCUMENTARY STAMP TAX - YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

☒ All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

☐ Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA 1901 97907

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT AMENDMENT FORM**

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON
CORPORATION SERVICE COMPANY; 18008585294

B. Email FLSOSUCCFILINGSV3@CSCGLOBAL.COM

C. SEND ACKNOWLEDGEMENT TO:

Name

Address

Address

City/State/Zip

Florida Secured Transaction Registry

FILED

2025 Jun 24 02:27 PM

***** 20250220172X *****

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
202003050548

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed
[for record] (or recorded) in the REAL ESTATE RECORDS.

2. CURRENT RECORD INFORMATION – DEBTOR NAME – INSERT ONLY ONE DEBTOR NAME (2a OR 2b)

2a. ORGANIZATION'S NAME

NIPOC INC

2b. INDIVIDUAL'S NAME (Surname, First Personal Name, Additional Name(s)/Initials, Suffix)

3. CURRENT RECORD INFORMATION – SECURED PARTY NAME – INSERT ONLY ONE SECURED PARTY NAME (3a OR 3b)

3a. ORGANIZATION'S NAME

U.S. SMALL BUSINESS ADMINISTRATION

3b. INDIVIDUAL'S NAME (Surname, First Personal Name, Additional Name(s)/Initials, Suffix)

4. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

5. ☒ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

6. ☐ **ASSIGNMENT** ☐ Full or ☐ Partial: Give name of assignee in item 9a or 9b and address of assignee in item 9c; and give name of assignor in item 11.

7. ☐ **AMENDMENT (PARTY INFORMATION):** This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 8 and/or 9.

☐ **CHANGE** name and/or address: Give current record name in item 8a or 8b; Also give new name (if name change) in item 9a or 9b and/or new address (if address change) in item 9c. ☐ **DELETE** name: Give record name to be deleted in item 8a or 8b. ☐ **ADD** name: Complete item 9a or 9b, and 9c.

8. CURRENT RECORD INFORMATION – INSERT ONLY ONE NAME (8a OR 8b) – Do Not Abbreviate or Combine Names

8a. ORGANIZATION'S NAME

8b. INDIVIDUAL'S NAME (Surname, First Personal Name, Additional Name(s)/Initials, Suffix)

9. CHANGED (NEW) OR ADDED INFORMATION: – INSERT ONLY ONE NAME (9a OR 9b) – Do Not Abbreviate or Combine Names

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

9c. MAILING ADDRESS Line One

This space not available.

MAILING ADDRESS Line Two

CITY

STATE

POSTAL CODE

COUNTRY

10. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ DELETE or ☐ ADD, or give entire ☐ RESTATE collateral description, or describe collateral ☐ ASSIGN collateral

11. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

11a. ORGANIZATION'S NAME

U.S. SMALL BUSINESS ADMINISTRATION

11b. INDIVIDUAL'S NAME (Surname, First Personal Name, Additional Name(s)/Initials, Suffix)

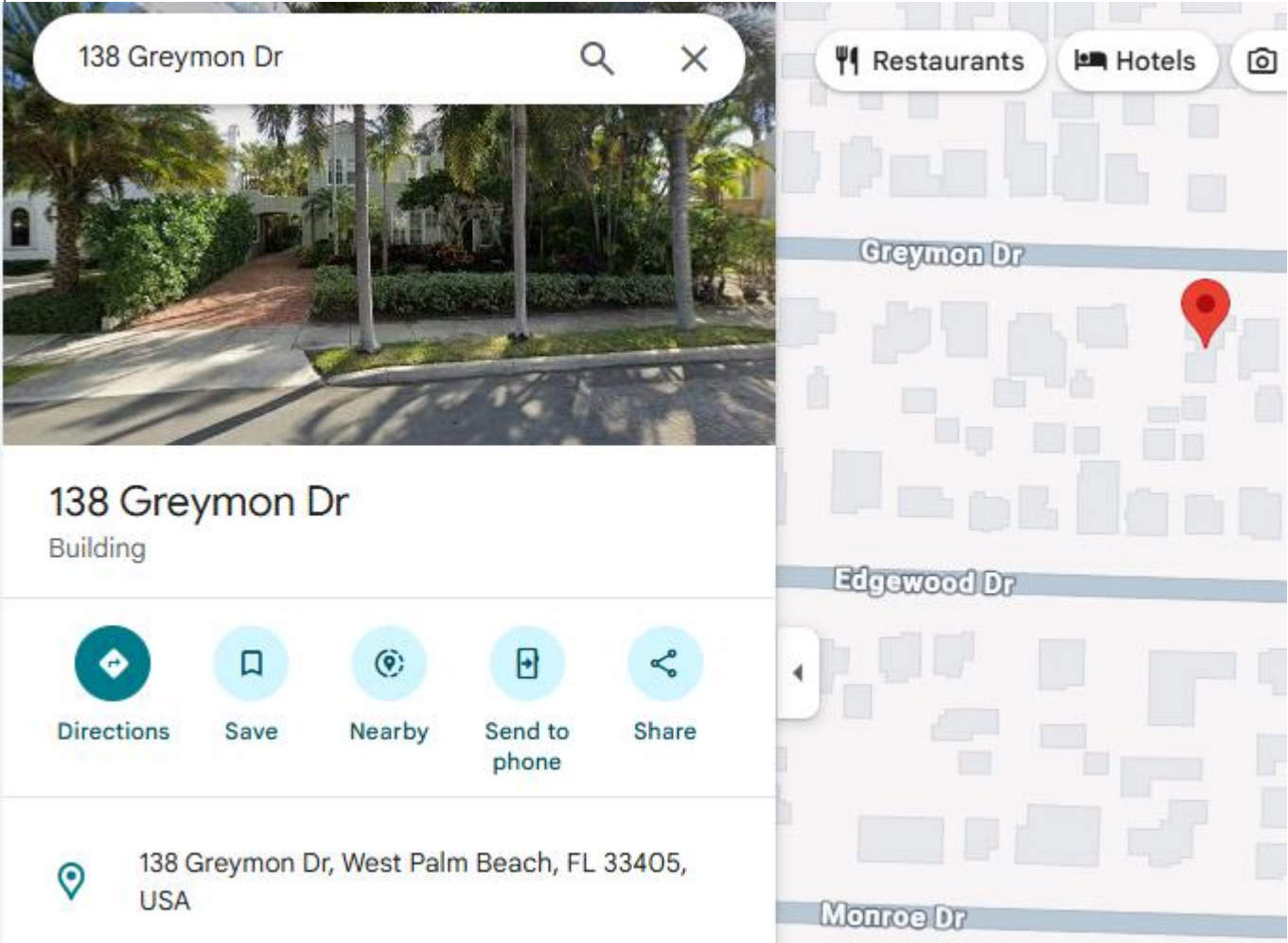
12. OPTIONAL FILER REFERENCE DATA 3665557

STANDARD FORM - FORM UCC-3 (REV.08/2018)

Filing Office Copy

Approved by the Secretary of State, State of Florida

In google maps:



► **CONCLUSION by TCB:** The ASOP defined and provided by grantee is VALID and confirmed. Therefore the exhibit "C5266091_X23_Ed1_US_Agent_Letter" included in the file is ok.

2- Is the agent physically located at that valid US address such that the agent can be legally served at that address?

✓ Yes , check above

3- Has the listed agent clearly agreed in writing to serve as the agent for the grantee at that address?

✓ Yes, it is included in the exhibit "C5266091_X23_Ed1_US_Agent_Letter"

>

U.S. Agent Designation

[Boompods EU Sp. z o.o.] acknowledges their consent for the following contact located in the United States to act as their agent for service of process for the equipment for which authorization is sought (FCC ID: 2A36QBBMINI):

Name and company of U.S. agent: Nipoc Inc

Physical U.S. address of agent: 138 Greymon Dr., West Palm Beach, FL 33405,USA

FRN of U.S. agent: 0033584798

Email address of U.S. agent:jay.zhang@linyartech.com

Telephone number: (917) 679-7979

[Nipoc Inc] acknowledges their obligation to accept service of process on behalf of [Boompods EU Sp. z o.o].

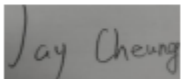
[Boompods EU Sp. z o.o] with RFN[0031801137] accepts its obligation to maintain an agent for service of process in the United States for no less than one year after either the grantee has permanently terminated all marketing and importation of the applicable equipment within the U.S., or the conclusion of any Commission-related administrative or judicial proceeding involving the equipment, whichever is later.

By signing this form, we confirm the above and that we are aware of the application requirements listed under § 2.911(d) (7).

The information provided in this letter is based on the referenced rule parts of Title 47 of the CFR as well as KDB 986446 D01.

An expiration date for this letter does not exist. In case the U.S. agent changes, the grantee is obligated to notify the FCC within 30 days via the granting TCB.

Sincerely,

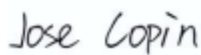


Signature

Jay Cheung

Product manager

Boompods EU Sp. z o.o



Signature

Jose Copin

Director Sales & Marketing

Nipoc Inc