

F220000001146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 MAR -9 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL

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2022 MAR -9 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FL 0911

RECEIVED

cc
Amend
Name Chg

MAR 10 2022
I ALBRITTON

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 3/9/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1015588

ORDER ENTITY
MURRAYSMITH, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

MURRAYSMITH, INC. (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$43.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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)

F22000001146

(Document number of corporation (if known))

1. Murraysmith, Inc.

(Name of corporation as it appears on the records of the Department of State)
2. Oregon 3. February 24, 2022

(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? February 28, 2022
5. CONSOR North America, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting 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 jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

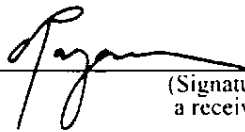
Signature of New Registered Agent, if changing

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Trudi Williams	5621 Banner Drive	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33912	<input type="checkbox"/> Remove
AssocVP	Dustin Chisum	5621 Banner Drive	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33912	<input type="checkbox"/> Remove
Principal	Libby Barg Bakke	121 SW Morrison Street, Suite 820	<input checked="" type="checkbox"/> Add
		Portland, OR 97204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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)

Chris Rayasam

(Typed or printed name of person signing)

Chief Operating Officer

(Title of person signing)

FILING FEE \$35.00

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Name Change 478Y162T3

I, *SHEMLIA FAGAN*, SECRETARY OF STATE of Oregon, and Custodian of the Seal of said State, do hereby certify:

MURRAYSMITH, INC.

was filed on

4/28/2017

Articles of Amendment

were filed on

2/23/2022

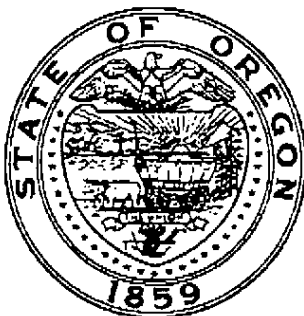
changing the name to

CONSOR NORTH AMERICA, INC.

I further certify that

CONSOR NORTH AMERICA, INC.

is active on the records of the Corporation Division as of the date of this certificate.



*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*

A handwritten signature in black ink, appearing to read "Shemia Fagan". The signature is fluid and cursive.

SHEMLIA FAGAN, SECRETARY OF STATE

3/7/2022