## F08000003869

| (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: |              |           |  |  |  |
|   |              |           |  |  |  |
|   |              |           |  |  |  |
|   |              |           |  |  |  |
| ,                                       |              |           |  |  |  |

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date:   | 8/19/2021                         |                 |
|---|-----------------------------------|-----------------|
|   | Jennifer Bialowas                 | _               |
| Reference #:  | 1394117                           | _               |
| Entity Name:  | PERATON R                         | SK DECISION INC |
|   | es of Incorporation/Authorization |                 |
| ☐ Amen  | ndment                            |                 |
| Change     Ch | ge of Agent                       |                 |
| Reins   | statement                         |                 |
| ☐ Conve   | ersion                            |                 |
| ☐ Merge   | er                                |                 |
| ☐ Disso   | lution/Withdrawal                 |                 |
| ☐ Fictitio  | ous Name                          |                 |
| Other   | ·                                 |                 |
|   |                                   |                 |
| Authorized A  | Amount: 35.00                     |                 |
| Signature: _  | $\mathcal{A}_{-}$                 |                 |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of se<br>statement of change is submitted<br>in order to change its i   | d for a corporation organi.                               |  | ate of <u>Delaware</u>                  |
|--|---|--|---|
| 1. The name of the corporation:  | PERATON RISK  | DECISION INC.  |   |
| 2. The principal office address:   | No Change   |  | <del></del>                             |
| 3. The mailing address (if differ  | rent):  |  |   |
| 4. Date of incorporation/qualific  | cation: September 3, 20                                   | Document number:   | F08000003869                            |
| 5. The name and street address Florida Department of State:  |   |  | file with the                           |
| CT CORPOR  | ATION SYSTEM C/O C  | T CORPORATION SYS  | ТЕМ                                     |
| 120  | 0 SOUTH PINE I  | SLAND ROAD   |   |
|  | PLANTATION,   | FL 33324   |   |
| 6. The name and street address (if changed):  COGEN  | of the new registered agent                               |  | red office                              |
| 115 Nor  | th Calhoun St.,   | Suite 4  |   |
|  | see, FL 32301   | cceptable  | 19 元 |
| The street address of its registe as changed will be identical.  |   |  |   |
| Such change was authorized by authorized by the board, or the  | resolution duly adopted be corporation has been notified. | y its board of directors or lited in writing of the chang  | oy an officer so<br>e.                  |
| /s/ Jim Winner   |   | Jim Winner   | Secretary                               |
| Signature of an officer or din<br>I hereby accept the appointmen<br>I further agree to comply with t<br>performance of my duties, and<br>agent. Or, if this document is h<br>hereby confirm that the corpora |   | Printed or typed name<br>agree to act in this capacity<br>as relative to the proper an<br>ept the obligation of my po<br>t a change in the registered<br>writing of this change. |   |
| /s/ Tim Mayville   |   | 8/18/2021  |   |
| Signature of Registered /<br>If signing on behalf of an entity   | _   | Date   |   |

\* \* \* FILING FEE: \$35.00 \* \* \*

Tim Mayville, Assistant Secretary

Typed or Printed Name