

**F09000001084**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

#240000235553

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : QUARLES & BRADY LLP  
Account Number : I20000000067  
Phone : (239)434-4922  
Fax Number : (239)213-5452

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ARKLE LTD. CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

2024 JAN 17 PM 1:04

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2024 JAN 17 AM 8:29

JAN 18

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## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Arkle Ltd. Corporation

Name of Corporation

DOCUMENT NUMBER: F09000001084

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick Murphy

Name of Contact Person

Quarles &amp; Brady, LLP

Firm/Company

919 Shady Vale

Address

Bryson City, NC 28713

City/State and Zip Code

murphy1177@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Lundborg

at ( 617 ) 967-7402

Name of Contact Person

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee☐ \$43.75 Filing Fee &  
Certificate of Status☐ \$43.75 Filing Fee &  
Certified Copy☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified CopyMailing Address:Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street Address:Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 310  
Tallahassee, FL 32303

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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.)

2024 JAN 17 PM 1:04

SECTION I  
 (1-3 MUST BE COMPLETED)

P0900000108-

(Document number of corporation (if known))

1. Arkle Ltd. Corporation

(Name of corporation as it appears on the records of the Department of State)

2. Cayman Islands

(Incorporated under laws of)

3. 03/13/2009

(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?

5. (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

C T Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address: Plantation

(City)

Florida 33324

(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.

Stephanie Henz

Stephanie Henz, Assistant Secretary

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>
P	Vivienne Day	919 Shady Vale, Bryson City	<input checked="" type="checkbox"/> Add
		NC 28713	<input type="checkbox"/> Remove
S	Patrick Murphy	919 Shady Vale, Bryson City	<input checked="" type="checkbox"/> Add
		NC 28713	<input type="checkbox"/> Remove
T	Patrick Murphy	919 Shady Vale, Bryson City	<input checked="" type="checkbox"/> Add
		NC 28713	<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.

Pamela C. Lundborg

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Pamela C. Lundborg

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)

FILING FEE \$35.00

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