F100000002684

(Re	questor's Name)		
(Ad	dress)		
	dress)		
(Cit	y/State/Zip/Phone	= #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
:			

Office Use Only



500370924625



TOZI KUS 19 AMII: 48



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	
	#:1394117	<u> </u>
Entity Name	PERATON SERVI	CES & SOLUTIONS INC.
☐ Articl	les of Incorporation/Authorization	n to Transact Business
☐ Ame	ndment	
√ Char	nge of Agent	
☐ Rein	statement	
Con\	version	
☐ Merg	ger	
Disse	olution/Withdrawal	
☐ Fictit	tious Name	
Othe	er	
Authorized	Amount: 35.00	
Signature:		

F: +852.2682.9790

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

statement of cha	, inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Fto. on organized under the laws of the Stat or registered agent, or both, in the Stat	e of <u>Delaware</u>
1. The name of	the corporation: PERATON	SERVICES & SOLUTION	S INC.
2. The principal	office address: No Change		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: June	10, 2010 Document number:	F10000002684
	d street address of the current reg rtment of State; (If resigned, ente	istered agent and registered office on f r resigned)	ile with the
	C T CORPC	RATION SYSTEM	
	1200 SOUTH	PINE ISLAND ROAD	
	PLANTAT	TION, FL 33324	
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or register	ed office
	115 North Calhou	n St., Suite 4	2021 AT 6
	Tallahassee, FL	Box NOT acceptable 32301	TAR LLLAHR
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office	of its registered agenti
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or b been notified in writing of the change	y an officer so.
/s/ Jim Winn	er ire of an officer or director	Jim Winner Printed or typed name	Secretary
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered a to comply with the provisions of my duties, and I am familiar wi is document is being filed merel	igent and agree to act in this capacity fall statutes relative to the proper and th and accept the obligation of my po y to reflect a change in the registered otified in writing of this change.	Leomplete sition as registered
/s/ Tim May	ville	8/18/2021	
	nature of Registered Agent	Date	
If signing on bo	chalf of an entity:		

Typed or Printed Name

Tim Mayville, Assistant Secretary

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