

F120000004073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

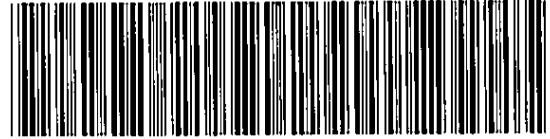
(Document Number)

Certified Copies _____ Certificates of Status _____

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607,0124(4)

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DEC 09 2021

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PATHWAYS TO THE WORLD, INC
Name of Corporation

DOCUMENT NUMBER: F12000004073

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANITA NAJIEB
Name of Contact Person

PAI
Firm/Company

24 HARRISON AVE APT 1408
Address

PANAMA CITY, FL 32401
City/State and Zip Code

Anitanajieb82@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & 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 Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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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.)

SECTION I
(1-3 MUST BE COMPLETED)

F1200000 4073

(Document number of corporation (if known))

PATHWAYS TO THE WORLD, INC

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

New Jersey

(Incorporated under laws of)

OCT 4, 2012

(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

Anita Johnson

24 Harrison Ave Apt # 1408

(Florida street address)

New Registered Office Address:

Panama City

(City)

Florida

32401

(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.

Anita Johnson

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FL

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>
<u>P</u>	<u>Mark Johnson</u>	<u>24 Harrison Ave</u>	<input type="checkbox"/> Add
		<u>APT 1012</u>	<input checked="" type="checkbox"/> Remove
		<u>Panama City FL 32401</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>P</u>	<u>Anita Johnson</u>	<u>24 Harrison Ave</u>	<input checked="" type="checkbox"/> Add
		<u>APT. 1408</u>	<input type="checkbox"/> Remove
		<u>Panama City FL 32401</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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.

Anita Johnson

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

ANITA JOHNSON

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00