From: Robert Evert

11/16/21, 9:59 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000423168 3)))



H210004231583ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 Phone : (608)827-5300

Fax Number : (608)827-5501

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

pjehlecpa@gmail.com Email Address:___

COR AMND/RESTATE/CORRECT OR O/D RESIGN HR METRICS, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

H210004231683

To: +18506176380

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)	
	F15000001261	•
(Docu	nent number of corporation (if known)	
HR Metrics, Inc.		٠.
(Name of corporation a	is it appears on the records of the Department of State)	
Nevada	3/25/2015	• • •
(Incorparated under laws of)	(Date authorized to do busine	ess in Florida)
(4-7 COMPLE	SECTION II TE ONLY THE APPLICABLE CHANGES)	
If the amendment changes the name of the corporation incorporation? 11/1/2021	on, when was the change effected under the laws of its ju	nsdiction of
Deploy HR, Inc.		
(Name of corporation after the amendment, adding not contained in new name of the corporation)	suffix corporation, ","company," or "incorporated," or a	ppropriate abbreviation, if
•		
(If new name is unavailable in Florida, enter alternat	e corporate name adopted for the purpose of transacting	business in Florida)
If the amendment changes the period of duration	n, indicate new period of duration.	ZOZI NO
	(New duration)	W 17
. If the amendment changes the jurisdiction of in	corporation, indicate new jurisdiction	
·		, j
	(New jurisdiction)	5
If amending the registered agent and/or register- new registered agent and/or the new registered of	ed office address in Florida, enter the name of the	
Name of New Registered Agent		
	(Florida street address)	 `
	ir torata sireor maressy	
New Registered Office Address:	Florida (Zi	p Code)
New Registered Avent's Signature it changing I Thereby accept the appointment as registered agen-	Renissered Agent: i. I ain familiar with and accept the obligations of the pe	estiion.
Signature of New Registered Age.	nt, if changing	

2021-11

2021-11-16 17:18:16 CST

16082688591

From: Robert Evert

TI	`	 ~~	4.7	. 7	h	68	-

H21000423168:3

Page: 4 of 5

□ Add □ Remove	le Capacity Name	Address	Type of Action	. `
Remove Add Remove		•	. Madd	•
				•
Remove 28 25 25 25 25 25 25 25 25 25 25 25 25 25			Пепюче	
Remove 22 25 25 25 25 25 25 25 25 25 25 25 25			.	
Dadd C				
Demove: 55			□Remove ~	• • •
Demove: 55				
Demove 5		·	Dadd = 2	10 PMS
DAdd 5				م. م. م شحم د ا
			Diemove- :	
DAdd On				
■ Semove				
			Remove	
□Add				
			•	
Rentove				
The first of the control of the cont	of the application to the Department of State, by the Secreta under the laws of which it is incorporated.	is of State of other official mychiz case	ony of corporate records in the Juristicia	en .
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.	Me I I M		6.	
of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction ander the laws of which it is incorporated.	. (Signature of a direction a receiver or other so	or, president or other officer - if in the	hands of	•
(Signature of director, mesident or other officer - if in the hands of	Phillip Jehle			••
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that siduciary)	(Typed or printed name of person signing)	(Title o	f person signing)	
(Signatule of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Phillip Jehle Vice President				

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, BARBARA K, CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that, on 11/01/2021, a Amendment After Issuance of Stock changing the name DEPLOY HR, INC. was filed by HR METRICS, INC.. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certificate Number: B202111152151739
You may verify this certificate
online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/15/2021.

BARBARA K. CEGAVSKE Secretary of State

Borbora K. Cegarste