

F19 CCCCC00532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

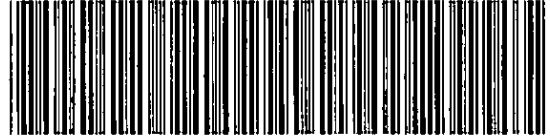
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CREDUST CORPORATION

Name of Corporation

DOCUMENT NUMBER: F19000000532

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AGATHE CHAINE

Name of Contact Person

Firm/Company

6405 SW 102nd St

Address

PINCREST FL 33156

City/State and Zip Code

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

For further information concerning this matter, please call:

AMBER BARRERAS

at (

305

) 915 3533

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2021

AGATHE CHAHINE  
6405 SW 102ND ST  
PINECREST, FL 33156

SUBJECT: CREDUS I CORPORATION  
Ref. Number: F19000000532

We have received your document for CREDUS I CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The certificate from the home state must be within 90 days of submitting the form to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 321A00028602

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)

F19000000532

(Document number of corporation (if known))

1. CREDEST CORPORATION

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

2. DELAWARE

(Incorporated under laws of)

01/23/2019

(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? 03/29/2021

5. CHAIHNE INVESTMENT CORP

(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

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

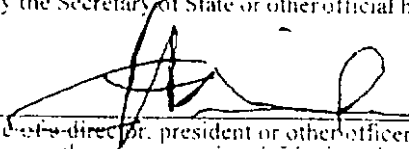
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

(Signature of New Registered Agent, if changing)

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>           |
|-------------------------|-------------|----------------|---------------------------------|
|                         |             |                | <input type="checkbox"/> Add    |
|                         |             |                | <input type="checkbox"/> Remove |
|                         |             |                | <input type="checkbox"/> Add    |
|                         |             |                | <input type="checkbox"/> Remove |
|                         |             |                | <input type="checkbox"/> Add    |
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|                         |             |                | <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.

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

AGATHE CHAHIDE

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "CHAHINE INVESTMENT CORP" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TENTH DAY OF FEBRUARY, A.D. 2016, AT 11:25 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CREDUS I CORPORATION" TO "CHAHINE INVESTMENT CORP", FILED THE TWENTY-NINTH DAY OF MARCH, A.D. 2021, AT 3:24 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "CHAHINE INVESTMENT CORP".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

5960225 8310

SR# 20213731039

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204634035

Date: 11-08-21

# Delaware

The First State

Page 2

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHAHINE  
INVESTMENT CORP" WAS INCORPORATED ON THE TENTH DAY OF FEBRUARY,  
A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES  
HAVE BEEN PAID TO DATE.



5960225 8310

SR# 20213731039

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204634035

Date: 11-08-21