

**F19000000844**

\*\*\*corrected; please honor  
original submission date  
of 8/30/24

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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original submission date  
of 8/30/24

**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.

((H24000294700 3)))



H240002947003ABC

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Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

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

2024 AUG 30 AM 8:49  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL  
**FILED**

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PERFORMANCE SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

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of 8/30/24

850-617-8381

9/3/2024 5:24:28 PM PAGE 1/001 Fax Server



September 3, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PERFORMANCE SERVICES, INC.  
4670 HAVEN POINT BLVD STE 200  
INDIANAPOLIS, IN 46280US

SUBJECT: PERFORMANCE SERVICES, INC.  
REF: F19000000844

SECRETARY OF STATE  
TALLAHASSEE, FL

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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

Tammi Cline FAX Aud. #: H24000294700  
Regulatory Specialist II Supervisor Letter Number: 424A00019635

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Performance Services, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F19000000844

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell M. Webb III

\_\_\_\_\_  
Name of Contact Person

Performance Services, Inc.

\_\_\_\_\_  
Firm/Company

4670 Haven Point Blvd.

\_\_\_\_\_  
Address

Indianapolis, IN 46280

\_\_\_\_\_  
City/State and Zip Code

twhitlock@performanceservices.com

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

For further information concerning this matter, please call:

Russell M. Webb III

\_\_\_\_\_  
Name of Contact Person

at ( 317 ) 713-1750

\_\_\_\_\_  
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

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SECRETARY OF STATE  
TALLAHASSEE, FL

H24000294700

**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)**

F19000000844

(Document number of corporation (if known))

1. Performance Services, Inc.

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

2. Indiana

(Incorporated under laws of)

3. 2/14/2019

(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? \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

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TALLAHASSEE, FL

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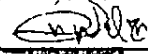
H24000294700

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>
D	Christopher Gerrity	4670 Haven Point Blvd	<input checked="" type="checkbox"/> Add
		Indianapolis, IN 46280	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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DEPT OF STATE  
TALLAHASSEE FL

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.

Consigned by:  


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

Russell M. Webb III

(Typed or printed name of person signing)

Secretary and General Counsel

(Title of person signing)

FILING FEE \$35.00

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