F20000000281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only

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FILED
2023 MAR 31 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

APR 12 2023

O CONNELL

RECEIVED
2023 MAR 31 AM 10:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

$70.00 250.00524 00171

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2023

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

RESUBMIT
Please give original submission date as file date.

SUBJECT: TRAVELPERK AMERICA, INC.
Ref. Number: F20000000281

We have received your document for TRAVELPERK AMERICA, INC. and the authorization to debit your account in the amount of $35.00. However, the document has not been filed and is being returned for the following:

Please remove the date (2-2-21) in paragraph 4 and the name of the corporation in paragraph 5 since they are not changing the name of the corporation.

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.

Annette Ramsey
OPS

Letter Number: 423A00007488

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2023 APR 11 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 626601 8058865

AUTHORIZATION :

COST LIMIT : $ 35.00

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ORDER DATE : March 31, 2023

ORDER TIME : 10:26 AM

ORDER NO. : 626601-005

CUSTOMER NO: 8058865

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FOREIGN FILINGS

NAME: TRAVELPERK AMERICA, INC.

XX___ CORPORATE
_____ LIMITED PARTNERSHIP
_____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

# COVER LETTER

**TO:** Amendment Section Division of Corporations

**SUBJECT:** TRAVELPERK AMERICA, INC.
Name of Corporation

**DOCUMENT NUMBER:** F20000000281

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABRAHAM MEIR
Name of Contact Person

TRAVELPERK AMERICA, INC.
Firm/Company

171 NORTH ABERDEEN STREET SUITE 400
Address

CHICAGO IL 60607
City/State and Zip Code

legal@travelperk.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

**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)**

F20000000281
(Document number of corporation (if known)

1. TRAVELPERK AMERICA, INC.
(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE, US
(Incorporated under laws of)

3. 01-02-2013
(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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2023 MAR 31 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| Officer | Kyle Trombley | Suite A, 3rd Floor Industrious,<br>131 Dartmouth St,<br>Boston, MA 02116 | ■Add |
| | | | ☐Remove |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Add |
| | | | ☐Remove |
| | | | ☐Add |
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| | | | ☐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.

DocuSigned by:
Abraham Meir
8D4E443CC913439...

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

ABRAHAM MEIR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE $35.00**