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	Division of Corporations	TA:S 2	3
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	Account Name : C T CORPORATION SYSTEM	iga - ₹	=
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	Phone : (614)280-3338	777.	•
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PER ENTERPRISE CORP.

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1 Help

DEC 1 : 2020

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)

•	F20000003555				·	
	(Docu	ment number of corp	poration (if known)			
PER ENTERPRISE CORP.		•				
(Na	me of corporation	as it appears on the t	ecords of the Depart	ment of State)		
DELAWARE			AUGUST 13, 2020			
(Incorporated	under laws of)	<del></del>	(Date author	rized to do busines	s in Florida)	
		SECTION	111	•		
	(4-7 COMPLE	ETE ONLY THE A	PPLICABLE CHÂ	NGES)		
4. If the amendment changes the nar	ne of the compositi	on when was the ch	anne effected under	the laws of its invi	vdiction of	
incorporation? N/A	no or and confronting	;	ange effected bridge	are laws or res juri	saletion of	
5. (Name of corporation after the an	omneisment oddina	cuffix "compration"	Property of the	penagotad <sup>9</sup> or non	rozgiata alabrazi	******
not contained in new name of the	corporation)	surtix corporation,	company, or me	orporated, of app	tobusarci armi czn	auun,
(If new name is unavailable in Flo	rida, enter alternat	te corporate name ad	opted for the purpos	e of transacting bu	isiness în Florida	a)
6. If the amendment changes th	a pariod of duratic	n indicate new men	ad of duration			
o. Teme intellement engages in		on, majeate new perio	in or duration).		•	
	N/A			į	7.5 <b>25</b>	
•		- (New durati	on)		20	•••
		· ·		:		
<ol> <li>If the amendment changes th</li> </ol>	e jurisdiction of in	icomoration, indicate	new jurisdiction.	- 1	5) <del>_</del>	1
	N/A					
		(New jurisdic	tion)	<del></del>	AH St O	
		"Tracailtimate	11011)		<u> </u>	
8. If amending the registered agen		المناسفية المعطالية	181.242	1		٠.
new registered agent and/or the	new registered o	office address:	rmrida, enter ine.	iame or the	•	
	N/A	·····				
Name of New Registered Age	<u>m</u> ;				<del>.</del>	
	· ·		·	<del></del>	<del></del>	
•		(Florida street add	tress)			•
New Registered Office Address	:			Florida		
•		(City)		(Zip	Code)	
New Registered Agent's Signat	ure, if changing l	Registered Agent:		•		
I hereby accept the appointment of	s registered agent	i. I am familiar with	and accept the oblig	gations of the posi	tion.	
Signature of Ne	w Registered Agei	nt, if changing				

Page: 4 of 4

Title/ Capacity	Name	<u>Address</u> <u>Ty</u>	pe of Action
s 	RAUL LUGO MONJARRAS	BLVD. KUKULCAN KM. 2.8, ZONA	Add
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). Attached is a of the application of the application of the law	certificate or document of similar import, ation to the Department of State, by the Secrets of which it is incorporated.	evidencing the amendment, authenticated not more tary of State or other official having custody of con	re than 90 days prior to deliver porate records in the jurisdiction
	(Signature of a gire a receiver or other.	etor, president or other officer - if in the hands of court appointed fiduciary; by that fiduciary)	•
MARCOS	CONSTANDSE REDKO		IDENT AND TREASURER
	(Typed or printed name of person signing)	(Title of person s	igning)
		FILING FEE \$35.00	•