

F 200000004344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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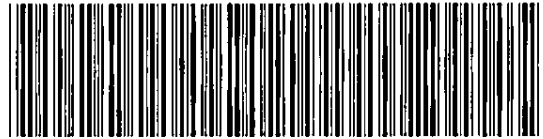
(Business Entity Name)

(Document Number)

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

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FILED

2024 JAN 17 AM 8:56

CLERK

AB

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change in Corporate Name

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

**DOCUMENT NUMBER:** F20000004344

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip Sergeant

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

Integrated Virus Defeating Solutions, Inc

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

TROLLEY SQUARE STE 20C

\_\_\_\_\_  
Address

WILMINGTON, DE 19806 US

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

sergeant@ivds.us.com

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

For further information concerning this matter, please call:

Philip Sergeant

at ( 561 ) 866 8865  
\_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 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

# ARTICLES OF CORRECTION

For

FILED

Integrated Virus Defeating Solutions, Inc

Name of Corporation as currently filed with the Florida Dept. of State

2024 JAN 17 AM 8:56

F20000004344

Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Registered Corporate Name  
(Document Type Being Corrected)

filed with the Department of State on Sep 21, 2020, original filing 09/27/2010  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Delaware Corporation Name Change, please see attached certification from State of Delaware confirming

name change

Correct the inaccuracy, incorrect statement, or defect:

New Corporate Name is:

Integrated Value Door Solutions, Inc

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Philip Sergeant

(Typed or printed name of person signing)

President

(Title of person signing)

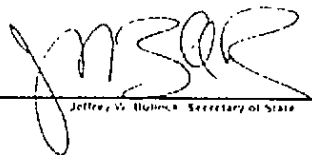
Filing Fee: \$35.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "INTEGRATED VIRUS  
DEFEATING SOLUTIONS, INC.", CHANGING ITS NAME FROM "INTEGRATED  
VIRUS DEFEATING SOLUTIONS, INC." TO "INTEGRATED VALUE DOOR  
SOLUTIONS INC.", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY  
OF DECEMBER, A.D. 2023, AT 4:51 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

4877314 8100  
SR# 20234306965

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

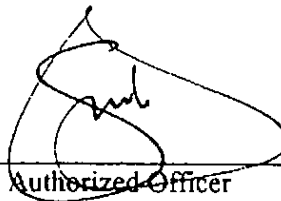
Authentication: 204901851  
Date: 12-26-23

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF INCORPORATION

The corporation organized and existing under the General Corporation Law of the State of Delaware, hereby certifies as follows:

1. The name of the corporation is INTEGRATED VIRUS DEFEATING SOLUTIONS, INC.  
\_\_\_\_\_
2. The Certificate of Incorporation of the corporation is hereby amended by changing the Article thereof numbered 1 so that, as amended, said Article shall be and read as follows:  
The name of the corporation is Integrated Value Door Solutions Inc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

By: \_\_\_\_\_

  
Authorized Officer

Name: Philip Sergeant, President  
Print or Type

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000004344

Entity Name: INTEGRATED VIRUS DEFEATING SOLUTIONS, INC.

Current Principal Place of Business:

300 DELAWARE AVE  
SUITE 210  
WILMINGTON, DE 19801

Current Mailing Address:

300 DELAWARE AVE  
SUITE 210  
WILMINGTON, DE 19801 US

FEI Number: 85-2915677

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SERGEANT, PHILIP  
608 SW SQUIRE JOHN'S LANE  
PALM CITY, FL 34990 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SERGEANT, PHILIP  
Address 608 SW SQUIRE JOHN'S LANE  
City-State-Zip: PALM CITY FL 34990

PLEASE SEND THIS  
NAME CHANGE AUTHORIZATION  
TO FL ADDRESS ....  
OR BETTER STILL - JUST MAKE  
AVAILABLE ONLINE.

THANK !

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP SERGEANT

PRESIDENT

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date