

F21000000491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

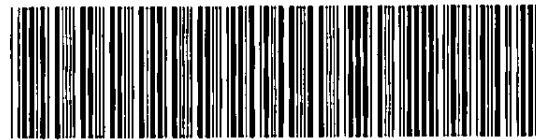
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
SEP 12 2025

Office Use Only



500450796675

FILED  
2025 SEP 9 PM 4:21

RECEIVED  
2025 SEP -9 AM 9:51  
FBI - MEMPHIS

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 9/9/2025

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1406542

**ORDER ENTITY** \_\_\_\_\_  
PERFECT WELLNESS GROUP INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

PERFECT WELLNESS GROUP INC. ( FL )

File the attached amendment

**NOTES:**

\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2025

INCORPORATING SERVICES, LTD.

SUBJECT: PERFECT WELLNESS GROUP INC.  
Ref. Number: F21000000791

*Please honor the  
original submission date  
as the file date. Thanks! :)*

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6000.

Jasmine N Horne  
Regulatory Specialist III

Letter Number: 525A00020294

*Please honor the  
original submission date  
as the file date. Thanks! :)*

2025 SEP 11 PM 2:41

RECEIVED

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Perfect Wellness Group Inc.

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

**DOCUMENT NUMBER:** F21000000791

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Federico Checo

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

Prestige Wellness Group Inc.

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

33 E 33rd Street, Floor 6

\_\_\_\_\_  
Address

New York, NY 10016

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

federico@perfectwellnessgroup.com

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

For further information concerning this matter, please call:

Federico Checo

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

at ( 917 ) 671.0300

\_\_\_\_\_  
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)**

F21000000791

(Document number of corporation (if known))

1. Perfect Wellness Group Inc.

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

2. Connecticut

3. 02/09/2021

(Incorporated under laws of)

(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? 04/07/2025

5. Prestige Wellness Group Inc.

(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:

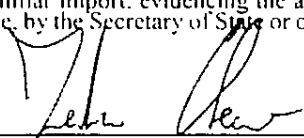
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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 a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Federico Checo

CEO

(Typed or printed name of person signing)

(Title of person signing)

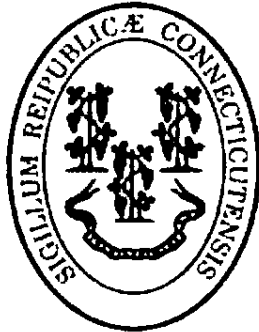
**FILING FEE \$35.00**

**Secretary of the State of Connecticut**  
**Stephanie Thomas**

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify the annexed copy is a true copy of the record indicated below as filed in this office.

**Certified Copy Details**

Business Name	Prestige Wellness Group Inc.
Filing Type	Certificate of Amendment
Number of Pages	1
Filing Date & Time	04/01/2025 03:45 PM



*In testimony whereof, I have hereunto set my hand and caused the Seal of the State of Connecticut to be affixed at the City of Hartford on September 08, 2025.*

A handwritten signature in black ink, appearing to read "Stephanie Thomas", written over a horizontal line.

Stephanie Thomas  
Secretary of the State

Certificate ID: CP-00090317

To verify this certificate, visit: <https://services.ct.gov/business/verifycertificate>

Or visit [Business.CT.gov](https://business.ct.gov), all business services, certificate request, and verify certificate.



**Secretary of the State of Connecticut**  
**Certificate of Amendment**  
Domestic Stock Corporation

**Filing Details**

Filing Number: 0013360799      Number of Pages: 1  
Filed On: 4/7/2025 3:45:12 PM      Effective Date & Time: 4/7/2025 3:45 PM

**Primary Details**

Name of Corporation: PERFECT WELLNESS GROUP INC.  
Business ALEI: US-CT.BER:1169324

**Text of Amendment**

The Corporation's Certificate of Incorporation is amended to change its name only.

Updated Name of Corporation: Prestige Wellness Group Inc.

**Statement of Approval**

The amendment was approved by the board of directors. No shareholders approval was required.

**Acknowledgement**

I hereby certify and state under penalties of false statement that all the information set forth on this document is true.

I hereby electronically sign this document on behalf of:

Name of Authorizer: FEDERICO CHECO  
Authorizer Title: CEO

Filer Name: Haley Gorey  
Filer Signature: Haley Gorey  
Execution Date: 04/01/2025

*This signature has been executed electronically*

Filing Number: 0013360799

Filed On: 4/7/2025 3:45 PM