F21000003403

(Requestor's Name)
(Address)
,
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(/tds/655)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
I FICK OF WAST
(Business Entity Name)
, ,
(Document Number)
(Bocament Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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D CUSHING

COVER LETTER

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DOCUMENT NUM The enclosed Amen Please return all cor Stever	F2100000340 diment and fee are submitted for respondence concerning this man Barks	filing.			-	
The enclosed Amen Please return all cor Stever	dinent and fee are submitted for respondence concerning this man Barks	filing.			-	
Please return all cor	nespondence concerning this ma					
Stever	n Barks	tter to the following:				
	Name of Contact Person					
Worth Cla						
	Firm/Company					
100 Ches	terfield Business Pkwy, 2nd F	Floor				
	Address			(/) ;(1)	2027	
Chesterfiel	d, MO 63005			200	2023 NOV 14	er w
	City/State and Zip Code			<u> </u>	11	1 45 -0
complian	ce@worthclark.com			첫국 60일	77	د د
E-mail addres	ss: (to be used for future annual)	eport notification)			ယ္	}*
For further informa	tion concerning this matter, plea	se call:		71: 51	25	
Amy Myers, He	ead of Compliance		222-0065		_	
Name	of Contact Person	Area Code &	Daytime Te	lephone Number		
Enclosed is a check	for the following amount:					
9835 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Certified Copy	Fee &	☐ \$52.50 Filing Certificate of Sta Certified Copy		

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 18, 2023

STEVEN BARKS WORTH CLARK, INC 100 CHESTERFIELD BUSINESS PKWY, 2ND FL CHESTERFIELD, MO 63005

SUBJECT: WORTH CLARK, INC. Ref. Number: F21000003403

We have received your document for WORTH CLARK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Corporation, but your entity is a Foreign Corporation. Please complete and return the enclosed blank form(s).

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.

Letter Number: 923A00024157

Diane Cushing Operations Manager A

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)

(, , , , - ,	
F210000	03403
(Document nur	mber of corporation (if known)
Worth Clark, Inc.	
(Name of corporation as it app	ears on the records of the Department of State)
	6/20/2021
Missouri	(Date authorized to do business in Florida)
(Incorporated under laws of)	(17the authornies to the entered
(4-7 COMPLETE ON	SECTION II LY THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation, whe	n was the change effected under the laws of its jurisdiction of
incorporation?	
incorporation/	
	1.0 Libraryatian i
(Name of corporation after the amendment, adding suffix "onot contained in new name of the corporation)	corporation," "company," or "incorporated," or appropriate abbreviation, i
(If new name is unavailable in Florida, enter alternate corpo	rate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indic	(New duration) (New duration) (New duration) (New duration) (New duration)
	(New duration)
7. If the amendment changes the jurisdiction of incorpora	့ မ
	(New jurisdiction)
8. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.	ee address in Florida, enter the name of the ddress:
Name of New Registered Agent	
(Floi	rida street address)
1000 111	, Florida
New Registered Office Address:	(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.

le/ Capacity	Name		Address	Type o	<u>f Action</u>
VP	Cristina Cortes		100 Chesterfield Business Pkwy, 2nd Floor MAdd		
		(Chesterfield, MO 63005		 ☐Remove
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Attached is a confidence of the application of the application of the laws	pertificate or document on to the Department of of which it is incorpor	of similar import, evide f State, by the Secretary of ited.	neing the amendment, author of State or other official having	inticated not more ng custody of corpo	than 90 days prior to delive trate records in the jurisdicti
ander the mas		DocuSigned by:		1:03 PM CST	<u> </u>
		Gianage of a director	president or other officer - if appointed fiduciary, by that	Haracian y y	
Steven	ı Barks			CEO Title of person sign	

FILING FEE \$35.00