

F23000000005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

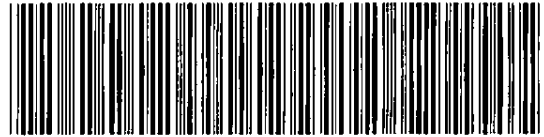
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300438441893

Amend

FILED

2024 OCT 29 AM 9:38

RECEIVED

CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
2024 OCT 29 PM 2:31

A. RAMSEY

NOV -1, 2024

\$02250, 00524, 00671

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/29/2024

Acc#I20160000072

*en: L SW*

Name:	Partner Hero Inc.
Document #:	F230000000005
Order #:	15944091

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**

Thank you!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2024

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: PARTNER HERO INC.  
Ref. Number: F23000000005

**CORRECTED**  
Please Allow For  
Same File Date

We have received your document for PARTNER HERO 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 name Partner Hero Inc from line #5. Are you trying to change the name of the corporation to Presto Merger Sub 2 Inc or just trying to show that the merger caused a change in jurisdiction?

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: 224A00023911

RECEIVED  
2024 OCT 31 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Partner Hero Inc.

Name of Corporation

**DOCUMENT NUMBER:** F23000000005

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Yip

Name of Contact Person

Partner Hero Inc.

Firm/Company

250 S 5th Street, Suite 400

Address

Boise, ID, 83702

City/State and Zip Code

legal@partnerhero.com

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

For further information concerning this matter, please call:

Tony Yip

Name of Contact Person

at ( 208 ) 207-8064

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)**

F23000000005

(Document number of corporation (if known))

1. Partner Hero Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. California 3. 29 December 2022  
(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? \_\_\_\_\_

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.

Delaware

\_\_\_\_\_  
(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

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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>
CEO, President, Treasurer, Secretary	Matthew Price	250 S 5th Street, Suite 400	<input checked="" type="checkbox"/> Add
		Boise, ID, 83702	<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.

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

Ryan Bark

CFO

(Typed or printed name of person signing)

(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 CERTIFICATE OF MERGER WHICH  
MERGES:

"PARTNER HERO INC.", A CALIFORNIA CORPORATION,  
WITH AND INTO "PRESTO MERGER SUB 2 INC." UNDER THE NAME OF  
"PRESTO MERGER SUB 2 INC.", A CORPORATION ORGANIZED AND EXISTING  
UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED  
IN THIS OFFICE THE FIRST DAY OF OCTOBER, A.D. 2024, AT 4:23  
O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID  
CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF  
DELAWARE.



Jeffrey W. Bullock, Secretary of State

5210993 8330  
SR# 20244067279

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

Authentication: 204743467  
Date: 10-29-24