Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000188023 3)))



	Doing so will generate another cover sheet.	this page.
To:		22
	Division of Corporations	SSE
	Fax Number : (850)617-6380	4 * *
From:		でかった。 子名 子
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	
	Account Number : 120000000146	
	Phone : (305)444-4994	
	Fax Number : (305)328-4774	
	the email address for this business entity to be used for mual report mailings. Enter only one email address please.	

COR AMND/RESTATE/CORRECT OR O/D RESIGN HPRB MARKETING INC

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Help

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)

	F23000002947	
_	(Document number of corporation (if known)	~ 110PM
HPRM Marketing Inc		
Migno	f corporation as it appears on the records of the Departm	ent of State)
2. FLORIDA / /	_{3.} 05/18/2023	
(Incorporated und	er laws of) (Date authorize	ed to do business in Florida)
	SECTION II	20 7
(4	-7 COMPLETE ONLY THE APPLICABLE CHANG	GES) 🚟 🕰 .
A 16 the armindment change the carry of	the corporation, when was the change effected under the	GES) Claws of its jurisdiction of H
·	the corporation, when was the change effected under the	Taws or its jurisdiction of
пкогранион.		in.
5	ment, adding suffix "corporation," "company," or "incorporation,"	SSC 3
not contained in new name of the corp	oration)	porated, or appropriate aborewation.
(If new name is unavailable in Florida,	enter alternate corporate name adopted for the purpose of	of transacting business in Florida)
6. If the amondment changes the per	riod of duration, indicate new period of duration.	
The transfer changes the per	tod of amanen, material new period of duration.	
		•
	(New duration)	
7. If the amendment changes the juri	isdiction of incorporation, indicate new jurisdiction.	
g ,	•	
	(New jurisdiction)	
	(Con Jarmonnin)	
S. If amonding the registered agent an	d/or registered office address in Florida, enter the nar	me of the
new registered agent and/or the new		ne or the
Name of New Registered Agent	Simon Fischer	
Name of New Registeres Agent		
	633 NE 167th Street Ste 819	
	(Florida street address)	22172
New Registered Office Address:	Miami	, Florida <u>33162</u>
	(City)	(Zip Code)
New Registered Agent's Signature,		
I hereby accept the appointment as reg	istered agent. I am familiar with and accept the obliga	tions of the position.
/s/Simon Fischer		
Signature of New Re	gistered Agent, if changing	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Ρ	Simon Fischer	633 NE 16 th Street Ste 81	19Add
		Miami, Florida 33162	URemove
P	Simon Fischer	633 NE 167th Street Ste 819	1 Add
		Miami, Florida 33162	Remove
			2023 MAY 22 AH 8: 47 Addi Allendry Salas Flary Comove
			DAdd
			CRemove
of the application of the properties of the application of the least o	ertificate or document of similar import, evi on to the Department of State, by the Secreta of which it is in orpor to	idensing the amendment, authenticated not ry of State or other official having custody o	more than 90 days prior to delivery feorporate records in the jurisdiction
	/s/Simon Fischer		
	(Signature of a directo	or, president or other officer - if in the hand	s of
		urt appointed fiduciary, by that fiduciary) p	
(Simon Fischer Typed or printed name of person signing)	(Title of pers	on signing)