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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				





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COVER LETTER

TO: Amendme	ent Section Division of Corporation	ons	
SUBJECT: POW	ER & BEYOND INTERNATION	NAL INC	
5000C1	Name	of Corporation	
DOCUMENT NU	MBER: FL000004927		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
Barbara A Hastic	è		
	Name of Contact Person		
POWER & BEY	OND International Inc		
	Firm/Company		
741 Turkey Cree	k		
	Address		
Alacua, FL 326	15		
	City/State and Zip Code		
bhastie@powerar	ndbeyond.com		
E-mail addre	ss: (to be used for future annual re	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
Barbara A Hastie		at ()262-9822	
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	S52.50 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)

A BITTOND INTERNATIONAL INC.
(Name of corporation as it appears on the records of the Department of State) (Incorporated under laws of)

3. August 28 2025
(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? (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 (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: Title/ Capacity Address Type of Action Name Barbara A. Hastie 6430 NW 109th Place President ☑Add Alachua, FL 32615 Remove \square Add Remove □Add Remove □Add Remove \square Add 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 agreeiver or other court appointed fiduciary, by that fiduciary) Pris ident, Senercy Trousurer, CEO (Title of person signing)

FILING FEE \$35.00

(Typed or printed name of person signing)