

PO1 000095544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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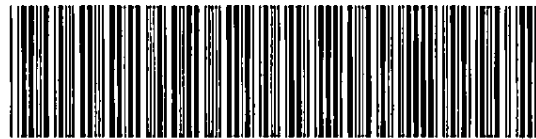
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Inperpi Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P01000095544

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

2583 JARDIN CT.

Name of Contact Person  
Nohora Perilla

Firm/Company  
Inperpi Inc.

Address  
2583 JARDIN CT. Weston, FL 33327

City/State and Zip Code  
noperpi@gmail.com

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

For further information concerning this matter, please call:

Nohora Perilla at (305) 698-8644  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Inperpi Inc.
2. The principal office address: 2583 JARDIN CT.  
Weston, Fl. 33327
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/14/2001 Document number: P01000095544
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Nohora Perilla  
2583 Jardin Ct.  
Weston, Fl. 33327
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Sally Carmona  
131S Figtree Lane  
Plantation, Fl. 33317  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Nohora Perilla P. Nohora Perilla-President  
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sally Carmona 10-1-2020  
Signature of Registered Agent Date

If signing on behalf of an entity:

SALLY CARMONA  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA