

P21 0000 508 37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

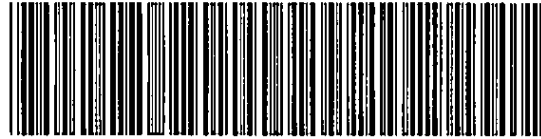
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILEN

12/13/21

Office Use Only



200375557272

10/27/21--01008--016 \*\*43.75

FILED  
2021 DEC 13 PM 6:22  
CLERK OF SUPERIOR COURT  
TULSA



FLORIDA DEPARTMENT OF STATE 02/11/2013 PM 12:52  
Division of Corporations

November 9, 2021

BECK, THOMAS E  
3804 N ROSE BAY PATH  
BEVERLY HILLS, FL 34465

SUBJECT: CHNO GMP INTEGRATIONS INC.  
Ref. Number: P21000050837

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P18000011307-TELPERIONINC You must submit all pages for filing. Page # of # is missing. All pages must be returned in order to file the document.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 021A00027299

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Telperin

DOCUMENT NUMBER: P21000050837

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Beck Jr  
Name of Contact Person  
CHNO  
Firm/ Company  
3804 N Rosebay Path  
Address  
Beverly Hills FL 34465  
City/ State and Zip Code  
telperionintegrationsystems@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Beck at ( 352 ) 8771337  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2021 DEC 13 PM 6:22

CHINO GMP INTEGRATIONS

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000050837

SECRETARY OF STATE  
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

TELPERIN CORP

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

NA

**D. 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 NA

NA

(Florida street address)

New Registered Office Address: NA

(City)

, Florida NA

(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

**Check if applicable**

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT        John Doe

X Remove                    V        Mike Jones

X Add                         SV        Sally Smith

| Type of Action<br>(Check One)      | Title     | Name      | Address   |
|------------------------------------|-----------|-----------|-----------|
| 1) <input type="checkbox"/> Change | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| <input type="checkbox"/> Add       |           |           | <u>NA</u> |
| <input type="checkbox"/> Remove    |           |           | <u>NA</u> |
| 2) <input type="checkbox"/> Change | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| <input type="checkbox"/> Add       |           |           | <u>NA</u> |
| <input type="checkbox"/> Remove    |           |           | <u>NA</u> |
| 3) <input type="checkbox"/> Change | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| <input type="checkbox"/> Add       |           |           | <u>NA</u> |
| <input type="checkbox"/> Remove    |           |           | <u>NA</u> |
| 4) <input type="checkbox"/> Change | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| <input type="checkbox"/> Add       |           |           | <u>NA</u> |
| <input type="checkbox"/> Remove    |           |           | <u>NA</u> |
| 5) <input type="checkbox"/> Change | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| <input type="checkbox"/> Add       |           |           | <u>NA</u> |
| <input type="checkbox"/> Remove    |           |           | <u>NA</u> |
| 6) <input type="checkbox"/> Change | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| <input type="checkbox"/> Add       |           |           | <u>NA</u> |
| <input type="checkbox"/> Remove    |           |           | <u>NA</u> |

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NA

---

---

---

---

---

---

The date of each amendment(s) adoption: NA, if other than the date this document was signed.

Effective date if applicable: 12/1-2021  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

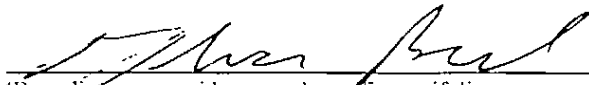
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by <sup>3</sup> \_\_\_\_\_  
(voting group)"

Dated 12/1/2021

Signature

  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Thomas Beck Jr

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)