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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: PERPETUAL PRI	ME INC			
DOCUMENT NU	MBER: P23000041908				
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	WALTER WOLF				
	Name of Contact Person				
	PERPETUAL PRIME INC				
,	Firm/ Company				
	1825 NW CORPORATE BLVD, SUITE 110				
		Address		•	
	BOCA RATON, FL 33431		-	•	
	e				
	ACTIVEITEM@PROTOSM	IAIL COM			
		sed for future annual report	notification)		
	,	·		<i>.</i> :	
For further informa-	tion concerning this matter, pleas	se call:			
WALTER WOLF		at (213-2873		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy 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

•

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

PERPETUAL PRIME INC (Name of Corporation as c	currently fi	led with the F	lorida Den	t. of State)		
223000041908			1771 1514 174 1	<u> </u>		
(Document Nu	umber of Co	orporation (if k	mown)			
Pursuant to the provisions of section 607.1006, Florida Statut ts Articles of Incorporation:	tes, this <i>Flo</i>	rida Profit Co	rporation s	dopts the fo	ollowing amendm	ient(s)
A. If amending name, enter the new name of the corpora	tion:					
					The net	w
ame must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or " chartered." "professional association," or the abbreviation	Co". A pi					
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>.</u>					
						<u>,</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-				;	
(Multing dudress MAT BE A FOST OFFICE BOX)	•				- i	<u>;</u>
	_				· · · · · · · · · · · · · · · · · · ·	<u></u>
	-				<u></u> '	ب ي
 If amending the registered agent and/or registered offinew registered agent and/or the new registered office a 		in Florida, ei	iter the na	me of the	-1 er.	£
	auuress:					
Name of New Registered Agent						
	lorida street i	address)				
New Registered Office Address:		•		. Florida		
New register confee maress.	(Cir	[y)		_, 1 17/1000	(Zip Code)	
ew Registered Agent's Signature, if changing Registered	d Agent:					
hereby accept the appointment as registered agent. I am fa		and occept th	e obligation	s of the pos	sition.	
Signature o _i	f New Regis	itered Agent, i)	changing			
Theck if applicable						

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CRO	GLADSTONE DOUG	41121ROCKY BOULDER CT
Add			ALDIE, VA 20105
X Remove			
2) Change			
Add			
Remove Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	
	
<u> </u>	
	7
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
,,	
·	

10/23/2023	
The date of each amendment(s) adoption:	f other than th
date this document was signed.	
10/23/2023	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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"	
(voting group)	
10/23/2023	
Dated	i i i
	. 3
Signature Walth WOV	Œ
(By a director, president or other officer – if directors or officers have not been	ro ro
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	5
appointed fiduciary by that fiduciary)	· ·
WALTER WOLF	ç:
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	