I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER D. WRIGHT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P21000088604

Entity Name: PANAMERA MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

780 N.E. 69TH STREET UNIT 504 MIAMI, FL 33138

Current Mailing Address:

830 HAWK RUN TRAIL O'FALLON, MO 63365 US

FEI Number: 87-3206536

Name and Address of Current Registered Agent:

DE JESUS PEREIRA, JEFERSON 780 N.E. 69TH STREET UNIT 504 MIAMI, FL 33138 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRES	Title	SECR
Name	WRIGHT, CHRISTOPHER D	Name	WRIGHT, CHRISTOPHER D
Address	830 HAWK RUN TRAIL	Address	830 HAWK RUN TRAIL
City-State-Zip:	O'FALLON MO 63368	City-State-Zip:	O'FALLON MO 63368

PRESIDENT

04/18/2022

Date

FILED Apr 18, 2022 Secretary of State 5836736977CC

Date