4/10/24, 12:40 PM Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please: **:

Email Address:___

COR AMND/RESTATE/CORRECT OR O/D RESIGNS AUTOLEADSTAR, INC.

Certificate of Status 0 Certified Copy 0 03 Page Count \$35.00 Estimated Charge

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Help

To: FL DIVISION OF CORPORATIONS

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)

F22000002	2743	
	Document number of corporation (if known)	
AUTOLEADSTAR, INC.		
(Name of corpora	ation as it appears on the records of the Departmen	nt of State)
Delaware	3.5/3/2022	
(Incorporated under laws of	of) (Date authorized	d to do business in Florida)
(4-7 CON	SECTION II MPLETE ONLY THE APPLICABLE CHANG	ES)
. If the amendment changes the name of the con- incorporation? 01/29/2024	poration, when was the change effected under the	laws of its jurisdiction of
Fullpath inc.		
(Name of corporation after the amendment, ac not contained in new name of the corporation)		l 553
(If new name is unavailable in Florida, enter al	lternate corporate name adopted for the purpose of	f transacting business in Florida)
6. If the amendment changes the period of d	duration, indicate new period of duration.	PR TO
	(New duration)	
7. If the amendment changes the jurisdiction	n of incorporation, indicate new jurisdiction.	PM 3: 06
	(New jurisdiction)	
S. If amending the registered agent and/or rep	gistered office address in Florida, enter the nan	ne of the
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	Florida(Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent:	
Thereby accept the appointment as registered	lagent. I am familiar with and accept the obligation	tions of the position.
Signature of New Registere	ed Agent if changing	

Title/ Capacity	Name	Address	Type of Action
			Add
			Remove
			Add
	_		L. Remove
			Add
·	· —		LRemove
			
	-		L.Remove
			Add
			Remove
Attached is a certific of the application to under the laws of wh	tate or document of similar import, evidencing the Department of State, by the Secretary of State it is incorporated.	ng the amendment, authentitiate or other official having	cated not more than 90 days prior to delive custody of corporate records in the jurisdiction
-	(Signature of a director, pres a receiver of other court app	sident or other officer if in pointed fiduciary, by that fic	the hands of
Andrew Fine		CFO	

FILING FEE \$35.00



Page: 2 of 4

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'AUTOLEADSTAR, INC.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'FULLPATH INC." ON THE ELEVENTH DAY OF DECEMBER, A.D. 2023, AT 10:45 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FULLPATH INC." WAS INCORPORATED ON THE SEVENTH DAY OF JUNE, A.D. 2016.



Authentication: 203218322

Date: 04-10-24

6062093 8320 SR# 20241380978