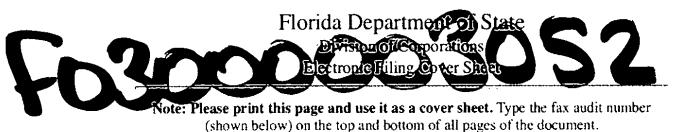
5/29/2020

Division of Corporations



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To:

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Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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

Email	Address:	i			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LIGHTPATH TECHNOLOGIES, INC.

Certificate of Status	0
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## 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)

F030	000003052	
<del></del>	(Document number of corporation (if known)	
LIGHTPATH TECHNOLOGIES, INC		
(Name of	corporation as it appears on the records of the Department of S	State)
Delaware	3. 06/19/2003	
(Incorporated unde	r laws of) (Date authorized to de	o business in Florida)
	SECTION II	
(4-	7 COMPLETE ONLY THE APPLICABLE CHANGES)	
	the corporation, when was the change effected under the laws of	of its jurisdiction of
(Name of corporation after the amendanot contained in new name of the corporation	nent, adding suffix "corporation," "company," or "incorporated oration)	I," or appropriate abbreviation
	enter alternate corporate name adopted for the purpose of trans	acting business in Florida)
. If the amendment changes the peri	iod of duration, indicate new period of duration.	<b>-</b>
		2020 3.E. A.L.
	(New duration)	2020 MAY 29 SECRELAS ; ALLAHASSE
		7 2 ·
. If the amendment changes the juri	isdiction of incorporation, indicate new jurisdiction.	(1),
	(New jurisdiction)	11 8: 57
If amending the registered agent and new registered agent and/or the new	d/or registered office address in Florida, enter the name of registered office address;	<u>the</u>
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Flori	
	(City)	(Zip Code)
New Registered Agent's Signature.  I hereby accept the appointment as re-	if changing Registered Agent: gistered agent. I am familiar with and accept the obligations	of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Name	Address Ty	pe of Action
PCEO, Director	JOSEPH JAMES GAYNOR, Jr.	2603 CHALLENGER TECH COURT, SUITE 100	<u>)</u> □Add
		ORLANDO, FL 32826	_ Remove
VP	Alan Symmons	2603 CHALLENGER TECH COURT, SUITE 100	) _ □Add
		ORLANDO, FL 32826	_ Remove
President, CEO & Director	Shmuel ("Sam") Rubin	2603 CHALLENGER TECH COURT, SUITE 1	<sup>00</sup> <b>☑</b> Add
		ORLANDO, FL 32826	Remove
			_ DAdd
			_ Demove
			□Add
			Remove
10. Attached is a of the application under the lav	a certificate or document of similar impor- ation to the Department of State, by the Se ws of which it is incorporated.	rt, evidencing the amendment, authenticated not mo cretary of State or other official having custody of co	re than 90 days prior to delivery porate records in the jurisdiction
	(Signature of a d	irector, president or other officer - if in the hands of er court appointed fiduciary, by that fiduciary)	<u>,                                    </u>
Josep		("Sam") Rubin, President, CEO, & Director	202
<u></u>	(Typed or printed name of person signif		igning) AH 0805

FILING FEE \$35.00