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(Docume	nt Number)	
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R. WHITE

COVÉR LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	Flexible Lifeline Systems, Inc.	ame of Corporation
		•
DOC	UMENT NUMBER: F06000005668	
The e	nclosed Amendment and fee are su	ubmitted for filing.
Please	e return all correspondence concerr	ning this matter to the following:
Laura	Zimmer	
	Name of Contact Person	
FlexDe	ecks, Inc.	
	Firm/Company	
14325	W. Hardy Rd	
	Address	
Housto	on, TX 77060	
	City/State and Zip Code	e
lauraz(@flexdecks.com	
E	E-mail address: (to be used for future a	annual report notification)
For fu	urther information concerning this i	matter, please call:
Laura	Zimmer	832 448-2900
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclo	sed is a check for the following an	nount:
×	\$35.00 Filing Fee \$43.75 Filing F Certificate of S	Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	ng Address: ndment Section	Street Address: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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)

F06000005668	
(Document n	umber of corporation (if known)
1. Flexible Lifeline Systems, Inc.	
(Name of corporation as it ap	pears on the records of the Department of State)
2. Texas	3. 8/31/2006
(Incorporated under laws of)	(Date authorized to do business in Florida)
,	SECTION II ONLY THE APPLICABLE CHANGES)
	oration, when was the change effected under the laws of
its jurisdiction of incorporation? Macch	22, 2017
5. FlexDecks, Inc.	
(Name of corporation after the amendment, adding appropriate abbreviation, if not contained in ne FlexDecks Platforms, Inc.	ing suffix "corporation," "company," or "incorporated," or ew name of the corporation)
(If new name is unavailable in Florida, enter alte business in Florida)	rnate corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration	n, indicate new period of duration.
	(New duration)
7. If the amendment changes the jurisdiction of inc	corporation, indicate new jurisdiction.
	(New jurisdiction)
8. Attached is a certificate or document of similar 90 days prior to delivery of the application to the having custody of corporate records in the jurisd	import, evidencing the amendment, authenticated not more than e Department of State, by the Secretary of State or other official diction under the laws of which it is incorporated.
(Signature of a director	r, president or other officer - if in the hands court appointed fiduciary, by that fiduciary)
Andrew Townend	President
(Typed or printed name of person signing)	(Title of person signing)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 22, 2017, Flexible Lifeline Systems, Inc., a Domestic For-Profit Corporation (file number 139570300), changed its name to FlexDecks, Inc..

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 04, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB

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Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10267 Dial: 7-1-1 for Relay Services Document: 726782140006 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

Office of the Secretary of State

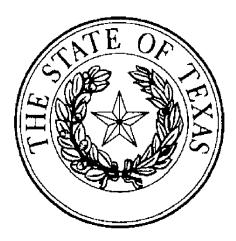
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

FlexDecks, Inc. Filing Number: 139570300

Certificate of Amendment

March 22, 2017

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 04, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB

R30

Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 TID: 10266 Dial: 7-1-1 for Relay Services Document: 726782140004

Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: See instructions



This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

MAR 2 2 2017

Corporations Section

Entity Information

The name of the filing entity is:			
Flexible Lifeline Systems, Inc.			
State the name of the entity as currently shown in the reco of the entity, state the old name and not the new name.	rds of the secretary of state. If the amendment changes the name		
The filing entity is a: (Select the appropriate entity type b	elow.)		
☐ For-profit Corporation	Professional Corporation		
☐ Nonprofit Corporation	Professional Limited Liability Company		
Cooperative Association	Professional Association		
Limited Liability Company	Limited Partnership		
The file number issued to the filing entity by the	secretary of state is: 139570300		
The date of formation of the entity is: April 4, 1996			
Amendments			
1. Amended Name (If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)			
The amendment changes the certificate of forma filing entity. The article or provision is amended	ation to change the article or provision that names the to read as follows:		
The name of the filing entity is: (state the new na	ame of the entity below)		
FlexDecks, Inc.			

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Form 424

Reg (Complete either A or E	gistered Agent 3. but not both, Also	complete C)
A. The registered agent is an organization		•
OR B. The registered agent is an individual res	sident of the state	whose name is:
First Name M.L.	Last Name	Suffix
The person executing this instrument affirms that consented to serve as registered agent.	hat the person d	lesignated as the new registered agent
C. The business address of the registered agent	and the registere	ed office address is:
		TX
Street Address (No P.O. Box)	Ciŋ [,]	State Zip Code
3. Other Added, Alt	ered, or Deleted	l Provisions
Other changes or additions to the certificate of formation is insufficient, incorporate the additional text by providin form for further information on format.		
Text Area (The attached addendum, if any, is incorporated herein	by reference.)	
Add each of the following provisions to the reference of the added provision and the full tex		nation. The identification or
Alter each of the following provisions of the reference of the altered provision and the full tex		
Delete each of the previous identified below	w fram the section	icate of formation
Delete each of the provisions identified below	w from the certifi	icate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when the document is filed by the secretary of state.
B. This document becomes effective at a later date, which is not more than ninety (90) days from
the date of signing. The delayed effective date is:
C. This document takes effect upon the occurrence of a future event or fact, other than the
passage of time. The 90 th day after the date of signing is:
The following event or fact will cause the document to take effect in the manner described below:
·
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.
Date: Mar 22, 2017
By: FLEXIBLE LIFELINE SYSTEMS, INC.
Signature of authorized person
Andrew Townend - President

Printed or typed name of authorized person (see instructions)