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Incorporating Services, Ltd.

incserv 1540 Glenway Drive Tallahassee, FL 32301 >

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

If you have any questions please contact me at 656-7956,

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 1/25/2021	PRIORITY Routine	OUR REF_#_(Order_ID#)] 886406
ORDER ENTITY		
PLEASE PERFORM THE FOLLO CROSSCHX, INC. (FL)	WING SERVICES:	
File the attached amendment		
NOTES: \$35.00 Authorized		
RETURN/FORWARDING INST ACCOUNT NUMBER: 12005000005		
Please bill the above referenced a	scount for this order.	

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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)

F15000003969		
(Docu	ument number of corporation (if known)	
CROSSCHX, INC.		
(Name of corporation	as it appears on the records of the Departmen	it of State)
DELAWARE	3. 09/08/2015	
(Incorporated under laws of)	(Date authorized	l to do business in Florida)
(4-7 COMPL	SECTION II ETE ONLY THE APPLICABLE CHANGI	ES)
. If the amendment changes the name of the corporation? 08/25/2020	tion, when was the change effected under the	laws of its jurisdiction of
OLIVE ALINC.		
(Name of corporation after the amendment, adding not contained in new name of the corporation)	3 suffix "corporation," "company," or "incorpo	orated," or appropriate abbreviation,
(If new name is unavailable in Florida, enter alterna	ate corporate name adopted for the purpose of	transacting business in Florida)
6. If the amendment changes the period of durati	ion, indicate new period of duration.	
	(New duration)	<u> </u>
	(New duration)	20:
7. If the amendment changes the jurisdiction of i	incorporation, indicate new jurisdiction.	FILED 1021 JAN 25 A
	(New jurisdiction)	
If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Florida, enter the nam office address:	$\boldsymbol{\circ}$
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered age	nt. I am familiar with and accept the obligat	ions of the position.
Signature of New Registered Ag	gent, if changing	

Fitle/ Capacity	<u>Name</u>	Address Ty	pe of Action
	_		Remove
			\begin{align*} Add
	_		_ Remove
			Qadd
	_		CRemove
			Add
	_		_ C kemove
			DAdd
			Remove
Attached is a certifi of the application to under the laws of w		neing the amendment, authenticated not me if State or other official having custody of ec	ore than 90 days prior to delive reporate records in the jurisdicti
	Brock Wante		
•	(Signature of a director, or	resident or other officer - if in the hands of appointed fiduciary, by that fiduciary)	-
8	rock wanless	Secretary	
(Турс	ed or printed name of person signing)	(Title of person	signing)

FILING FEE \$35.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'CROSSCHX, INC.',

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'OLIVE

AI, INC.' ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020, AT 5:33

O'CLOCK P.M.



Authentication: 202336717

Date: 01-21-21