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DATE:

5/21/2021

NAME:

LIME LIGHT CRM, INC.

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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)

	F170000015	781				
	(D	ocument number of corporat	tion (if known)			
Lime Light CRM, I	Inc.					
1		ion as it appears on the recor	rds of the Department of St	ate)		
2. Delaware	(v	- ·	/02/2017			
2	(Incorporated under laws of		(Date authorized to do	business in Flori	da)	
	·	CPCTION U				
	(4-7 COMI	SECTION II PLETE ONLY THE APPL	ICABLE CHANGES)			
4. If the amendment c incorporation? 03/	changes the name of the corpo	oration, when was the change	e effected under the laws of	its jurisdiction o	of	
5. sticky.io, Inc.						
(Name of corporat	ion after the amendment, add ew name of the corporation)	ing suffix "corporation," "co	ompany," or "incorporated,"	or appropriate a	bbrevia	ition, if
(If new name is una	available in Florida, enter alte	ernate corporate name adopte	ed for the purpose of transac	cting business in	Florida	1)
6. If the amenda	ient changes the period of du	ration, indicate new period c	of duration.			
		,				
					207	
		(New duration)			2021 HAY 24	227
						و د دهستین
7. If the amendo	nent changes the jurisdiction (of incorporation, indicate ne-	w jurisdiction.	16 27		ģ.
					P	1.
		(New jurisdiction	1)		01 :01 HV	
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	egistered agent and/or regi		rida, enter the name of th	<u>e</u> .	_	
new registered ag	ent and/or the new register	eu office address:				
<u>Name of New</u>	Registered Agent					
		(Florida street addres	ss)			
New Registered	Office Address:		, Florida	1		
		(City)		(Zip Code)		
New Registered .	Agent's Signature, if changi	ing Registered Agent:				
I hereby accept the	e appointment as registered a	igent. I am familiar with an	d accept the obligations of	the position.		

Signature of New Registered Agent, if changing

e/ Capacity	<u>Name</u>		<u>Address</u>	Type of Action
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ttached is a certifi- the application to oder the laws of w	cate or document of simil the Department of State, b tich it is incorporated.	r import, evidencing the the Secretary of State o	amendment, authentic rotherofficial having c	ated not more than 90 days prior to dustody of corporate records in the juris

Page 1



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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LIME LIGHT CRM,

INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"STICKY.IO, INC." ON THE SIXTH DAY OF MARCH, A.D. 2020, AT 3:42

O'CLOCK P.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 "STICKY.IO,

INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY,

A.D. 2015.



Authentication: 203262567

Date: 05-21-21

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