

F20000002278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

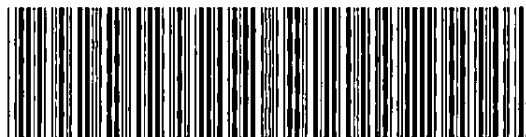
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 25 2023 10:10:52 AM

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2023 OCT 25 AM 10:52
CLERK OF STATE
TALLAHASSEE, FL

A. BUTLER

NOV - 6 2023

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Flexa Network Inc.

Name of Corporation

DOCUMENT NUMBER: F20000002278

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Stoeckert

Name of Contact Person

Stratis Advisory

Firm/Company

2193 Fillmore Street, Suite 1

Address

San Francisco, CA 94115

City/State and Zip Code

Licensing@stratisadvisory.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Stoeckert

Name of Contact Person

at (415) 352-1060

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|---|---|

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

 (Signature of a director, president or other officer - if in the hands of
 a receiver or other court appointed fiduciary, by that fiduciary)

Daniel C. McCabe

(Typed or printed name of person signing)

CEO

(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 THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE RESTATED CERTIFICATE OF "FLEXA NETWORK INC.",
CHANGING ITS NAME FROM "FLEXA NETWORK INC." TO "FLEXA INC.",
FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF JUNE, A.D. 2023,
AT 5:06 O`CLOCK P.M.



6793649 8100
SR# 20232762705

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203553108
Date: 06-14-23