

F2100003262

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H210003343183)))



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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

2021 SEP -9 PM 1:28
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STATE OF FLORIDA

2021 SEP -9 AM 8:13

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CIUBB CUSTOM MARKET INC.

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (04), and Estimated Charge (\$43.75).

Handwritten initials 'VHT'

DocuSign Envelope ID: 3BFABEBC-6258-4F87-861D-E3109B4CEEAA3

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)

12100003262
(Document number of corporation (if known))

- 1. Chubb Custom Market Inc.
(Name of corporation as it appears on the records of the Department of State)
2. New Jersey (Incorporated under laws of)
3. 06/15/2021 (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 08/16/2021

5. StreamLabs, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

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 agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

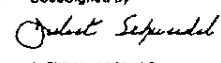
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TALLAHASSEE, FLORIDA

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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.

DocuSigned by


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

Juliet E. Schweidel

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

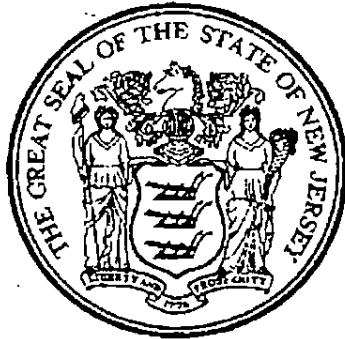
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
CERTIFICATE OF CORPORATE FILING

STREAMLABS, INC.
2916613000

I, the Treasurer of the State of New Jersey, do hereby certify that the above named business did on August 19, 2021, file and record in this department a certificate of Name Change as by the statutes of this state required.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of September, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 143247973

Verify this certificate online at

<https://www.njportal.com/IXOR/businessrecords/validate.aspx>