

F21 000005307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

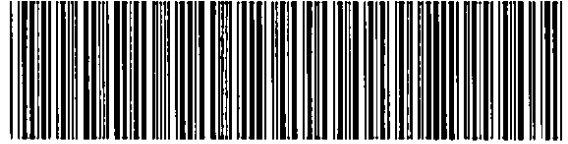
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REC'D
2021 DEC 27 AM 8:34
TAXP. DIVISION

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2021 DEC 27 PM 4:14
TAXP. DIVISION

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 262961 8289606

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : November 22, 2021

ORDER TIME : 1:17 PM

ORDER NO. : 262961-020

CUSTOMER NO: 8289606

FOREIGN FILINGS

NAME: MOTOREFI, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Caribou Financial, Inc.

Name of Corporation

DOCUMENT NUMBER: F21000005507

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holly Lopez

Name of Contact Person

Caribou Financial, Inc.

Firm/Company

1717 Rhode Island Ave NW Ste. 500

Address

Washington, DC 20036

City/State and Zip Code

AnnualReport@gocaribou.com

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

For further information concerning this matter, please call:

Stephanie Schmid

at (202) 935-2757

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$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

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)

F21000005507

(Document number of corporation (if known))

1. MotoRefi, Inc

(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 09/27/2021

(Incorporated under laws of) (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? 11/08/2021
5. Caribou Financial, 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.

N/A

(New duration)

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

N/A

(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 N/A

(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.

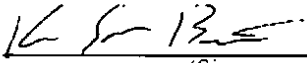
Signature of New Registered Agent, if changing

SECRET
2021 DEC 27 AM 8:34
11/11/21

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)

Kevin Bennett

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35.00

2021 DEC 27 AM 8:34
SECRETARY OF STATE
TREASURY

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MOTOREFI, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CARIBOU FINANCIAL, INC." ON THE EIGHTH DAY OF NOVEMBER, A.D. 2021, AT 8:49 O'CLOCK A.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 "CARIBOU FINANCIAL, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2016.



Jeffrey W. Bullock, Secretary of State

6159477 8320
SR# 20213819026

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

Authentication: 204711122
Date: 11-17-21