F21000006518				
(Requestor's Name) (Address) (Address)	600385985576			
(City/State/Zip/Phone #)	04/21/2201013002 *+35.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PILED 2022 APR 21 AM 6: 21 SECRETARY OF SIME TALLAHASSEE, FL			
Office Use Only	A. BUTLER			

JUN 15 2022

👗 AvePoint

AvePoint, Inc. 901 E. Byrd Street, Floor 9 Richmond, Virginia 23219

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303 Andrea Teter, Paralegal Tel: \$04.215-3806 £ mail: andrea teter@avepoint.com

April 20, 2022

Subject: Resolution of the Board of Directors to Withdraw the Alternate Name for Use in Florida for AvePoint, Inc. Florida

Dear Amendment Section, Division of Corporations:

Enclosed please find a Resolution of the Board of Directors to Withdraw the Alternate Name for Use in Florida for filing along with a check for filing fee in the amount of \$35.00.

Should you have any questions please do not hesitate to reach out to me at the telephone number or email address mentioned above.

Yours sincerely,

AvePoint, Inc.

Andrea Teter Paralegal

COVER LETTER

TO: Amendment Section Division of Corporations

AvePoint, Inc. Florida

(Name of Corporation)

DOCUMENT NUMBER: F21000006518

The enclosed **Resolution of the Board of Directors to Withdraw the Alternate name for use in Florida** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Teter

(Name of Contact Person)

AvePoint, Inc.

(Firm/Company)

901 E Byrd Street, Suite 900

(Address)

Richmond, Virignia 23219

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Teter at (804 215-8806 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

■\$ 35.00 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is encloyed)
			enclosed)

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations

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

CR2E124 (04/13)

FILED

2022 APR 21 AH 6: 21

SECRETARY OF STATE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned		do hereby certify
(Name)		
that this Resolution of the Board of Directors of	ю.	·····
(Name of Corporati	on)	·
a corporation duly organized and existing under the laws of	Delaware	
	(State or Co	ountry)
was adopted on 4/14/2022		withdrawing the alternate
name of		
(Current Alternate	: Name)	<u>,,,, ,, ,</u> ,
in Florida as its real name is available in Florida.		
Date:		
Furtheles Com	CLCO	
Signature of Chairman, Vice Chairman of the Board, a director or any officer	Title of person signing	
FILING FE	<u>E \$35</u>	1 112

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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