	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	■ WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Conies	_ Certificates o	of Status
	_ Continuates o	or Glatus
Special Instructions to	Filing Officer:	
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Office Use Only



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RULLIMASSEE FLORING

A. RAMSEY FEB -9, 2024 CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 02/08/24 Order #: 1416142-8 Re: Array HI Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account; \$35.00 - FL State Account Number: I2000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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)

F2200000175

(Documen	nt number of corporation (if known)	1.5
1. ARRAY HI INC.		<u> </u>
(Name of corporation as it	t appears on the records of the Department of State)	
Delaware	3. 01/04/2022	
(Incorporated under laws of)	(Date authorized to do busin	ness in Florida)
	SECTION II ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation, incorporation? 01/24/2024	when was the change effected under the laws of its j	urisdiction of
LevelUp HR, Inc.		
(Name of corporation after the amendment, adding suffinot contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate co	orporate name adopted for the purpose of transacting	
 If the amendment changes the period of duration, in 	ndicate new period of duration.	
	(New duration)	
7. If the amendment changes the jurisdiction of incorp	poration, indicate new jurisdiction.	
	(New jurisdiction)	
8. If the amendment changes the jurisdiction of organization	ion, indicate new jurisdiction:	
9. If the amendment changes person, title or capacity in acco	vordance with 607.1504 (4), indicate that change:	

Title/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Remove
			
			□Remove
			DAdd
			□Remove
 .			□Add
			□Remove
10. Attached is a ce of the applicatio under the laws o	entificate or document of similar import, even to the Department of State, by the Secreta of which it is incorporated.	ridencing the amendment, authenticate ary of State or otherofficial having custo	d not more than 90 days prior to deliver ody of corporate records in the jurisdiction
	(Signature of a director	or, president or other officer - if in the	hands of
Jonathan Da	a receiver or other co	or, president or other officer - if in the purt appointed fiduciary, by that fiduciary. Vice President	
	Typed or printed name of person signing)	Vice Presider	person signing)

FILING FEE \$35.00

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ARRAY HI, INC.",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LEVELUP

HR, INC" ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2024, AT 6:25

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.



Authentication: 202764223 Date: 02-07-24

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