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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

Fax Number : (614)573-3996

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COR AMND/RESTATE/CORRECT OR O/D RESIGN EZE CASTLE INTEGRATION, INC.

Certificate of Status	0
Certified Copy	()
Page Count	02
Estimated Charge	\$35,00

From: David Thomas

Discussion Envelope ID 7C398BCA-05F0-4878-B48F-C58278AE68D1

To:

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)

F99000	0000258	
	(Document number of corporation (if know	n)
Exe Castle Integration, Inc.		
(Name of co	rporation as it appears on the records of the Dep	
2. State of Delaware	3, 01/14/1999	
(Incorporated under le	aws of) (Date aut	horized to do business in Florida)
(4-7 (SECTION II COMPLETE ONLY THE APPLICABLE C	HANGES)
4. If the amendment changes the name of the incorporation?	corporation, when was the change effected unc	der the laws of its jurisdiction of
(Name of corporation after the amendmen not contained in new name of the corporation and contained in new name of the corporation.)	n, adding suffix "corporation," 'company," or " tion)	incorporated," or appropriate abbreviation, if
(If new name is unavailable in Florida, ent	er alternate corporate name adopted for the purp	oose of transacting business in Florida)
6. If the amendment changes the period	of duration, indicate new period of duration.	
	(New duration)	2023 SEP 22 AM 9: 39 TALLAHASSEE, FLORIC
 if the amendment changes the jurisdiction 	ction of incorporation, indicate new jurisdiction	P 22 A
-	(New jurisdiction)	E. F.
3. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the	SEP 22 AM 9: 39 LLAHASSEE, FLORIDA The name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe.	nanging Registered Agent; red agent. I am familiar with and accept the o	,
		- Comments
Signature of New Registo	ered Agent, if changing	

To:

DocuSign Envelope ID: 7C39BBCA-05F0-4B78-B48F-C5827BAE8801

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

Pitle/ Capacity	<u>Name</u>	Address I	ype of Action
CEO	Jeff Schmidt	529 5th Ave, New York, NY 10017	XAdd
			i temove
CEO	David Andrade		Add
		55 Court Street, Suite 520, Boston MA 2210	8 (Xemove
CRO	Matthew Monulty		
		55 Court Street, Suite 520, Boston MA 22108	S iXRemove
CFO	George Carbone	529 5th Ave, New York, NY 10017	× Add
			L. Remove
Treasurer	Sean McLaughlin		Add
		55 Court Street, Suite 520, Boston MA 2210	{× \emove
10. Attached is a of the applica under the law	Contract to the	evidencing the amendment, authenticated not mo tary of State or other official having custody of ed	ore than 90 days prior to delivery orporate records in the jurisdiction
	George Carbone		
George Cart	a receiver or other o	ctor, president or other officer - if in the hands of court appointed fiduciary, by that fiduciary) CFO	2023 TĂL
Google Cas	(Typed or printed name of person signing)	(Title of person	