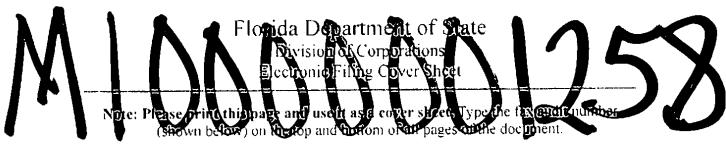
4/5/2021

Division of Corporations



(((H21000134636 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 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:\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INCAPITAL HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

APR -6 2921

Electronic Filing Menu Corporate Filing Menu

Help

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT - BUSINESS IN FLORIDA

### SECTION I (1-4 must be completed)

Name of limited liability Company as it appears     State: Incapital Holdings LLC		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ability company is:	
2. The Florida document number of this limited lia	ability company is: M10000001258	3
4. Date authorized to do business in Florida:  SECTION II (5-9 complete only the applicable of the second	18/2010 changes)	
5. New name of the limited liability company: In (mus	t contain "Limited Liability Comp	vany. ""L.L.C.," or "Ll.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company." "L.L.C	naging members adopting the alter	siness in Florida and attach a rnate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent.	ed officer address on our records, g ddress here:	enter the name of the new
Name of New Registered Agent:	······································	
New Registered Office Address:	Enter Florida S	Street Address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity and complete performance of my tered agent as provided for in Cha in the registered office address, I	duties, and Lam familiar with a upter 605, F.S. Or, if this

From: Kimberly La

Page: 4 of 5

3. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:					
Fitle/ Capacity	Name	Address	Type of Action		
			□Add		
			□Remov		
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aforementioned ar	ficate, if required; no more than 9 nendment(s), duly authenticated b	y the official having custody of records in the	□Remov		
jurisaiction under	the law of which this entity is orginal A. Brad Buscher	amzed.			

Filing Fee: \$25.00

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INCAPITAL HOLDINGS LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "INSPEREX HOLDINGS LLC" ON THE FIRST DAY OF MARCH, A.D. 2021, AT 4:44 O'CLOCK P.M.



Authentication: 202892133

Date: 04-05-21

3176555 8320 SR# 20211173226