

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M1800000192

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((H220001711753))



H220001711753ABC-

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)227-0435

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
COLABS IP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 MAY 13 PM 4:33

Electronic Filing Menu

Corporate Filing Menu

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2022 MAY 13 PM 3:36
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((H22000171175 3)))

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CoLabs IP, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000001192

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/02/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: IntelAgree, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____. **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), 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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

David Hull

Signature of the authorized representative

David Hull, Manager

Typed or printed name of signee

Filing Fee: \$25.00

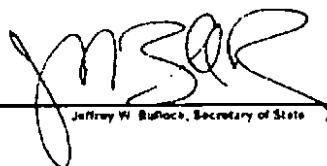
((H22000171175 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "COLABS IP, LLC",
CHANGING ITS NAME FROM "COLABS IP, LLC" TO "INTELAGREE, LLC",
FILED IN THIS OFFICE ON THE FIFTH DAY OF MAY, A.D. 2022, AT
11:13 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

6733155 8100
SR# 20221796447

Authentication: 203410888
Date: 05-12-22

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:13 AM 05/05/2022
FILED 11:13 AM 05/05/2022
SR 20221796447 - File Number 6733155

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION**

COLABS IP, LLC, a limited liability company organized and existing under the laws of the State of Delaware (the "Company"), does hereby certify:

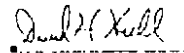
FIRST: The name of the Company is CoLabs IP, LLC.

SECOND: The Certificate of Formation of the Company is hereby amended to reflect a change in the name of the Company by deleting the FIRST section of the Certificate of Formation in its entirety and adding the following:

"FIRST: The name of the LLC hereby is IntelAgree, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation of the Company on the 4th day of May, 2022.

COLABS IP, LLC



By: _____
David Hull, Manager

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTELAGREE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTELAGREE, LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

6733155 8300

SR# 20221944217

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

Authentication: 203411215

Date: 05-12-22