

P19000054973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200351406882

200351406882
09/04/20--01001--003 *\$61.25

SEP 4 2020

SEP 4 2020

SEP 4 2020

C. GOLDEN
SEP - 4 2020



September 3, 2020

Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Integra 1, Inc.
Document Number: P19000054973

RECEIVED
SEP 3 2020
PM 3:39

Dear Sir/Madam:

Please find a check enclosed in the amount of \$61.25 for a Certificate of Status and a Certified Copy of the attached filing for the above referenced entity. The additional \$8.75 is for a Certificate of Status ***citing the name change***. The amendment reflects a corporate name change as well as change to the list of officers on file with the Department.

The Certificate of Status ***citing the name change*** document was requested from Nebraska regarding the Secretary of State name change and they specifically asked for a ***Certificate of Name Change***. Attached is an example of what we are requesting for another company.

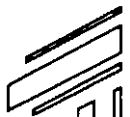
If you have any questions, please contact me and I will be happy to expedite an answer.

Sincerely,

A handwritten signature in black ink that reads "Kirsten H. Matthis". The signature is fluid and cursive, with the first name "Kirsten" and last name "Matthis" clearly distinguishable.

Kirsten H. Matthis
Attorney
kirsten@meenanlawfirm.com

KHM/hpk
Enclosures



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Integra 1, Inc.

Name of Corporation

DOCUMENT NUMBER: P19000054973

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Matthew MacInnis

Name of Contact Person

Integra 1, Inc.

Firm/Company

2443 Fillmore St., #380-7361

Address

San Francisco, CA 94115

City/State and Zip Code

macinnis@rippling.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Wu

at (310) 699-0229

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☒ \$52.50 Filing Fee.
Certificate of Status &
Certified Copy

78.75
61.25

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Articles of Amendment
to
Articles of Incorporation
of

Integra 1, Inc.

2/10/11 10:34 PM

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000054973

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Rippling PEO 1, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable;
(Principal office address MUST BE A STREET ADDRESS)**

N/A

**C. Enter new mailing address, if applicable;
(Mailing address MAY BE A POST OFFICE BOX)**

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), F.S.

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

August 31, 2020

Dated _____

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Charles Matthew MacInnis

(Typed or printed name of person signing)

Vice President

(Title of person signing)