

P19000057949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

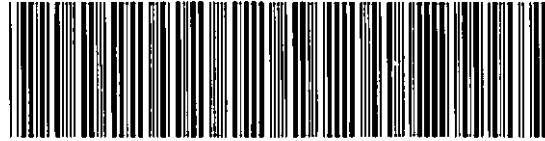
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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10/15/20--01001--002 \*\*61.25

RECEIVED  
2020 OCT 14 PM 3:04  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

C. GOLDEN

OCT 15 2020



MEENAN

REGULATORY AND LEGISLATIVE ATTORNEYS

October 14, 2020

*Via Hand Delivery*

FLORIDA DEPARTMENT OF STATE  
THE CENTRE OF TALLAHASSEE  
2415 N. MONROE STREET, SUITE 810  
TALLAHASSEE, FL 32303

Re: **Integra II, Inc.**  
**Document Number: P19000057949**

Dear Sir/Madam:

Please find a check enclosed in the amount of \$61.25 for a **Certified** Certificate of Status and a **Certified Copy** of the attached filing (Articles of Amendment) for the above referenced entity.

Please note the certified copy must state "**A TRUE AND CORRECT COPY OF THE ARTICLES OF INCORPORATION**". The additional \$8.75 is for an *additional* Certificate of Status specifically *citing the name change*. The amendment reflects a corporate name change with the Department.

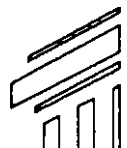
The Certificate of Status *citing the name change* document was requested from Nebraska regarding the Secretary of State name change and they specifically asked for a **Florida Certificate of Name Change**.

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

Sincerely,

Kirsten H. Matthis  
Attorney  
[kirsten@meenanlawfirm.com](mailto:kirsten@meenanlawfirm.com)

KHM/hpk  
Enclosures



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Integra II, Inc.  
DOCUMENT NUMBER: P19000057949

The enclosed *Articles of 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 II, 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:

Halley Kelly c/o Meenan PA at ( 850 ) 425 4000  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

**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 II, Inc.

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

P19000057949

(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 2, 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**)

2443 Fillmore St #380-16713

San Francisco, CA 94115

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

2443 Fillmore St #380-16713

San Francisco, CA 94115

**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

(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 (11) (e), F.S.

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

Please note the officer/director title by the first letter of the office title:

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

XChange                      PT                      John Doe

X Remove                      V                      Mike Jones

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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Type of Action  
(Check One)

Title

Name

Address

1) Change

PD

William M. Gallagher

         Add

x Remove

2) Change

PD

Laura Maurer Hunt Kreidler

2443 Fillmore St #380-16713

x Add

         Remove

3) X Change

VPTSD

Charles M MacInnis

2443 Fillmore St #380-16713

San Francisco, CA 94115

Add

Remove

4)      Change

Add

Remove

5) \_\_\_\_\_ Change

\_\_\_\_\_ Add

         Remove

6) Change

Add

         Remove

**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)

Dated 10/2/2020

Signature \_\_\_\_\_  
DocuSigned by:  
Charles Matthew MacInnis  
3200E90C770141E  
(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)