

AMENDED CERTIFICATE OF QUALIFICATION

(Foreign Corporation)

TO: OKLAHOMA SECRETARY OF STATE 421 NW 13th St, Suite #210 Oklahoma City, OK 73103 (405) 522-2520 **Filing Fee: \$200.00**

PLEASE NOTE:

❖ If this certificate **SOLELY** reflects a change of **MAILING ADDRESS**, the **filing fee** is **\$10.00**.

I hereby execute the following articles for the purpose of amending the certificate of qualification of a foreign corporation pursuant to the provisions of Title 18, Section 1131:

5.	E-MAIL address of the primary contact	•		zip C	ouc		
	Street Address	City	State	Zip C	ode		
	B) AS AMENDED: Mailing address o	f its principal office, when	ever located:				
	Street Address	City	State	Zip C	ode		
4.	A) CURRENT: Mailing address of its	principal office, wherever	r located:				
3.	Date the corporation was authorized to transact business in Oklahoma:						
2.	State or other jurisdiction of its incorpo				_		
	D) Effective date when the change incorporation:	of name was effected	pursuant to the la	ws of the juris	diction of its		
	C) AS AMENDED: Name of the corpo	oration:					
	B) If different, the fictitious name which the company transacts business under in the state of Oklahoma:						
1.	A) Name of the corporation:						
*	The corporation is a Benefit Corporation	on (Title 18, Section 1202)	: (check one)	Yes N	(o		

Name	Street Address (P.O. BOXES ARE <u>NOT</u> ACCEP	Cit TABLE)	y	State	Zip Code
	ENDED: The aggregate number of value, and series, if any, within any		res, item	ized by class, par val	ue of shares, shares
CLASS	NUMBER OF SHARES SERIES (If any)		PAR VALUE PER SHARE (Or, if without par value, so state)		
B) Effective incorporation	e date when the change of capitalin:	zation was effect	ed pursu	ant to the laws of th	e jurisdiction of its
8. A) AS AME	ENDED: Business the corporation p	proposes to do in	the state	of Oklahoma:	
,	ness which the corporation proposed do in the jurisdiction of its incorporation		ate of O	klahoma is a busines	s the corporation is
	rtificate of qualification <u>mu</u> attested to by its secretary o		_	_	oresident of said
• Signed this	day of	· · · · · · · · · · · · · · · · · · ·		by:	
			Sig	nature of President of	or Vice President
attested to by:			Sig	nature of Fresident	or vice resident
Signature of Secret	ary or Assistant Secretary			Printed N	ame
Drig	nted Name				