RECEIVEB SECRETARY OF STATE CORPORATIONS SIV

## **Application for Amended Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

Pursuant to the provisions of RIGL <u>7-1 2-1411</u>, the undersigned foreign corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement

the following statement						
1. Entity ID Number:	2. The name of the o	2. The name of the corporation is:				
1339190	Squadlocker, Inc.					
It is incorporated under the laws of:  Delaware		4. List the date the Certificate of Authority was issued by the RI Department of State:				
		July 31, 2015				
5. If the entity's name has state the new name.	s changed,					
		Check box to indicate no change ✓				
6. The name, if different,	which it elects to use in Rh	ode Island is.				
"incorporated," or "limited above corporate endings (b) If the corporate name corporation will transact be application	or an abbreviation there for use in Rhode Island: is not available in Rhode I pusiness in Rhode Island a	incorporation does not contain the word "corporation," "company," of, then list the name of the corporation with the addition of one of the sland, then set forth below the fictitious name under which the stated in the "Fictitious Business Name Statement" to be filed with this slowing section: "The new purpose should include ALL activity to be				
transacted in the State of Ri	node Island.					
Check the box to indicate	an attachment [ ]	Check box to indicate no change ✓				

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

FILED

FB 1 3 2019

1:05

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 151 - Revised 12/2017

8. If there has been an in *List ALL authorized si		zed shares of the corporation co	mplete the follo	wing section:	
NUMBER OF SHARES	CLASS	ŞERIES	PAR VALUE OR STATE NO PAR VALUE		
SEE THE	ATTACHED	EXHIBIT A			
Check the box to indicat	e an attachment 🗸		Check	box to indicate no change	
of the corporation to be I	ocated within this state poration to be owned or	ortion that the estimated value of e during the following year bears during the following year, wherev	s to the value	100 %	
be transacted by the cor the following year compa	poration at or from pla ared to the gross amoi	ortion of the gross amount of but ices of business in Rhode Island unt thereof which will be transac ercentage obtained from worksh	d during ted by the	100	
9. As required by RIGL 7	'-1 2-105, the corporat	tion has paid all fees and taxes.			
10. Except as herein mo hereby confirmed, ratifie	dified, the original App d and incorporated by	olication for Certificate of Authori reference into this Application for	ity continues in or Amended Ce	full force and effect and is rtificate of Authority.	
11. Date when the Amen	ided Certificate of Auth	nority will be effective: CHECK (	ONE BOX ONL	Υ	
Date received (Upo		re than 90 days from the date of	filing)		
		hat I have examined this Applica I that all statements contained h		•	
Name of Authorized Office	cer of the Corporation			Date	
Frank J. Tillinghast				February 8, 2019	
Signature of Authorized	Officer 7	arkey Jo Filling hast	2		

## SQUADLOCKER, INC. 1339190

## **Application for Amended Certificate of Authority**

## **EXHIBIT A**

8. If there has been an increase in the authorized shares of the corporation complete the following section:

Number of Shares	Class	Series	Par Value
16,050,000	Common	None	\$0.01
5,250,000	Convertible Preferred	Series A	\$0.01
2,000,000	Convertible Preferred	Series A-Prime	\$0.01
3,349,097	Convertible Preferred	Series B	\$0.01