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:

he following statement:			<u> </u>		
1. Entity ID Number:	2. The name of the co	2. The name of the corporation is:			
001661185	Datarista, Inc	Datarista, Inc.			
3. It is incorporated under	the laws of:	List the date the Certificat RI Department of State:	te of Authority was issued by the		
Delaware		03-09-2016			
5. If the entity's name has state the new name:	changed,				
	- 	Che	eck box to indicate no change		
6. The name, if different, v	which it elects to use in Rho	ode Island is:			
"incorporated," or "limited, above corporate endings" (b) If the corporate name corporation will transact b application:	or an abbreviation thereo for use in Rhode Island: is not available in Rhode Is usiness in Rhode Island as	incorporation does not contain the work, then list the name of the corporation sland, then set forth below the fictitious is stated in the "Fictitious Business Name of the section of the	with the addition of one of the name under which the ne Statement" to be filed with this		
The entity's purpose is transacted in the State of Rh	,				
Check the box to indicate	an attachment	Che	eck 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 COT 07 2019
BY M KSB3D

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 increase in the authorized shares of the corporation complete the following section: *List ALL authorized shares as of this amendment.						
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE	OR STATE NO PAR VALUE		
<u></u>						
·						
Check the box to indicate	an attachment 🗸		Check	box to indicate no change		
of the corporation to be lo	cated within this state or cration to be owned dur	tion that the estimated value of during the following year bears ring the following year, wherev	s to the value	100 %		
8b. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)			100 %			
9. As required by RIGL 7-	1,2-105, the corporatio	n has paid all fees and taxes.				
		cation for Certificate of Authori eference into this Application for				
11. Date when the Amend	led Certificate of Autho	rity will be effective: CHECK C	ONE BOX ONL	Υ		
✓ Date received (Upon	filing)		•			
Later effective date (Date must be no more	than 90 days from the date of	filing)			
		nt I have examined this Applica that all statements contained h				
Name of Authorized Office	er of the Corporation			Date		
Patrick L. Sabatino				Oct 7, 2019		
Signature of Authorized C Pat Sabatino Pat Sabatino (Oct 7, 2019)		SIGN DOCUMENT HERE				

1661185

EXHIBIT A

DATARISTA, INC. AUTHORIZED SHARE INCREASE

NUM. OF SHARES	CLASS	SERIES	PAR VALUE
19,000,000	CO:MMON		\$0.00001
3,242,751	PREFERRED	SERIES S1	\$0.00001
845,882	PREFERRED	SERIES S2	\$0.00001
6,372,717	PREFERRED	SERIES S3	\$0.00001