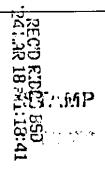


## **Application for Amended Certificate of Authority**

**FOREIGN Business Corporation** 

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



Pursuant to the provisions of RIGL 7-1,2-1411, 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:							
1. Entity ID Number:	2. The name of the corporat	2. The name of the corporation is:					
001728782	Popstox Inc.	Popstox Inc.					
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:					
Delaware		August 31, 2021					
5. If the entity's name ha state the new name:	s changed, Runic Inc.						
		Check box to indicate no change					
	which it elects to use in Rhode Isla						
"incorporated," or "limited above corporate endings (b) If the corporate name corporation will transact application:	d," or an abbreviation thereof, then a for use in Rhode Island: e is not available in Rhode Island, t business in Rhode Island as stated	oration does not contain the word "corporation," "company," list the name of the corporation with the addition of one of the then set forth below the fictitious name under which the d in the "Fictitious Business Name Statement" to be filed with this					
7. If the entity's purpose transacted in the State of R	is changing complete the following thode Island.	g section: *The new purpose should include ALL activity to be					
Check the box to indicat	e an attachment	Check box to indicate no change X					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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.

A FILED

BY

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8. If there has been an incre *List ALL authorized share		d shares of the corporation comp	lete the follo	wing section:	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
Check the box to indicate an attachment Check box to indicate no o					
of the corporation to be loca	ated within this state ation to be owned du	tion that the estimated value of the during the following year bears to uring the following year, wherever	the value	33.33	%
8b. An estimate, <b>as a perce</b> be transacted by the corpor the following year compared corporation during the follow	uring I by the	50	%		
			Check	box to indicate	no <u>change</u> X
10. As required by RIGL 7-	1.2-105, the corporat	tion has paid all fees and taxes.			
11 Except as berein modifi	ed the original Appli	cation for Certificate of Authority e reference into this Application for	continues in Amended Ce	full force and ef	fect and is ority.
12. Date when the Amende	ed Certificate of Authority	ority will be effective: CHECK ON	E BOX ONL	Y	·
X Date received (Upon fi	iling)				
Later effective date (D	ate must be no more	e than 90 days from the date of fil	ing)		
13. Under penalty of perjur including any accompanyin	y, I declare and affirr	n that I have examined this Applic that all statements contained here	cation for Arr ein are true a	nended Certifica and correct.	te of Authority,
Name of Authorized Officer				Date	
Daniel A. Edelman				March 15,	2024
Signature of Authorized Of	ficer	Docustynod by: Daniel A. Edelman			

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 18, 2024 01:18 PM

Treng M. Course

Gregg M. Amore Secretary of State

