

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

AMENDED CERTIFICATE OF AUTHORITY
NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

HOWROYD-WRIGHT EMPLOYMENT AGENCY, INC.
a Foreign Profit Corporation

formed under the laws of the State of **California** and authorized to transact business in Georgia on **03/24/1997**, has amended its application to transact business in this state by the filing of an amendment changing its name to

AppleOne, Inc.
a Foreign Profit Corporation

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **03/23/2023**.



Brad Raffensperger

Brad Raffensperger
Secretary of State



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, GA 30334
(404) 656-2817
sos.georgia.gov/corporations

APPLICATION FOR AMENDED CERTIFICATE
OF AUTHORITY OF A FOREIGN ENTITY

An amended certificate of authority is obtained by filing an application for amended certificate of authority if a foreign entity changes its name or its jurisdiction of organization. If any other information required in the original application has changed, please use this form, attaching additional pages if necessary, to inform the Secretary of State of said changes. Complete (where applicable) and return this form with a check or money order payable to "Secretary of State" in the amount of \$30.00 (\$20.00 filing fee plus \$10 paper filing service charge).

1. Entity Name: Howroyd-Wright Employment Agency, Inc.

2. Entity Control Number: K710591

3. Entity Type (check one only):

- Corporation (choose one type) Profit Nonprofit Professional Benefit
(Corporation must provide certificate of existence from home state with new name, if applicable.)
 Limited Liability Company (LLC)
 Limited Partnership/Limited Liability Limited Partnership (LP/LLLP)
 Limited Liability Partnership (LLP)

4. State/Country of Home Jurisdiction: California

5. Date of Authorization in Georgia: 3/24/1997

6. New Entity Type (if applicable):

- Corporation (choose one type) Profit Nonprofit Professional Benefit
(Corporation must provide certificate of existence from home state with new name, if applicable.)
 Limited Liability Company
 Limited Partnership/Limited Liability Limited Partnership
 Limited Liability Partnership

7. New Name of Entity (if applicable): AppleOne, Inc.

8. New Home Jurisdiction (if applicable): _____

9. Effective Date: (Choose one) Upon filing Delayed effective date and/or time: _____
(A delayed effective date must be within 90 days of the filing date.)

10. [Signature] 1/13/2023
Signature Date

Print Name*: Thal Ngo, Chief Financial Officer

Email Address: taxdepartment@aln1.com

Signer's Capacity (check one only):

- Corporation: Officer Chairperson of Board of Directors Attorney-in-fact Attorney
 Director Court-Appointed Fiduciary Incorporator Authorized Person
LLC: Member Manager Organizer Attorney-in-fact Attorney Court-Appointed Fiduciary Authorized Person
LP/LLLP: General Partner Attorney-in-fact Attorney
LLP: General Partner Managing Partner Partner Attorney-in-fact Attorney Authorized Person

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.

February 28, 2023 1:03 PM



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: AppleOne, Inc.
Entity No.: 0557445
Registration Date: 11/21/1968
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 19, 2023.

A handwritten signature in black ink, appearing to read "S. N. Weber", with a horizontal line extending to the right.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 074911526

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.