



**AMENDED  
CERTIFICATE OF INCORPORATION  
(AFTER RECEIPT OF PAYMENT FOR STOCK)  
Oklahoma Corporation**

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

**Filing Fee: Minimum \$50.00**

**PLEASE NOTE:**

- ❖ The **filing fee** is a **MINIMUM** of **\$50.00**. If the total authorized capital (the number of shares multiplied by the par value) **is increased** in excess of fifty thousand dollars (\$50,000.00), the filing fee shall be an amount equal to one-tenth of one percent (1/10th of 1%) or \$1.00 per \$1,000.00 of such increase.

I hereby execute the following articles for the purpose of amending an Oklahoma corporation's certificate of incorporation pursuant to the provisions of Title 18, Section 1077:

- ❖ The corporation is a Benefit Corporation (Title 18, Section 1202): (check one)    Yes     No

1. A) Name of the corporation:

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B) **AS AMENDED:** Name of the corporation:

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(Note: The new name of the corporation **shall** contain one of the words **association, company, corporation, club, foundation, fund, incorporated, institute, society, union, syndicate, limited** or any abbreviations thereof, with or without punctuation, which shall be such as to distinguish it upon the records in the Office of the Secretary of State.)

2. **AS AMENDED: NAME** and street address of the registered agent for service of process in the state of Oklahoma:

- ❖ The registered agent **shall** be the corporation itself, an individual resident of Oklahoma, **or** a domestic or qualified foreign corporation, limited liability company, or limited partnership.

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Name	Street Address (P.O. BOXES ARE <u>NOT</u> ACCEPTABLE)	City	Oklahoma State	Zip Code	County
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3. **E-MAIL** address of the primary contact for the registered business:

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4. Duration of the corporation is **perpetual**, unless otherwise stated: \_\_\_\_\_

5. **AS AMENDED:** Nature of the business or **purposes** to be conducted or promoted by the corporation:

- ❖ It shall be sufficient to state, either alone or with other businesses or purposes, that the purpose of the corporation is to **engage in any lawful act or activity for which corporations may be organized under the general corporation law of Oklahoma.**

6. **AS AMENDED:** Total number of shares which the corporation shall have the authority to issue, designation of each class and each series, if any, and par value of the shares of each class and/or series:

- ❖ The par value per share is a dollar (\$) amount and is also used for the calculation of the total filing fee.

<b>CLASS</b>	<b>NUMBER OF SHARES</b>	<b>SERIES (If any)</b>	<b>PAR VALUE PER SHARE (Or, if without par value, so state)</b>
<b>COMMON</b>	_____	_____	_____
<b>PREFERRED</b>	_____	_____	_____

7. Set forth clearly any and all amendments to the certificate of incorporation:

That at a meeting of the Board of Directors, a resolution was duly adopted setting forth the proposed amendment(s) to the Certificate of Incorporation, declaring said amendment(s) to be advisable and calling a meeting of the shareholders of said corporation for consideration thereof.

That thereafter, pursuant to said resolution of its Board of Directors, a meeting of the shareholders of said corporation was duly called and held, at which the necessary number of shares as required by Oklahoma Statute voted in favor of the amendment(s).

**The amended certificate of incorporation must be signed by an authorized officer of the corporation.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

**Oklahoma Secretary of State  
Request to receive  
documents electronically**

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No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

Return filed documents electronically

Receipt will read as follows:

PERSONAL or BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

PHONE OR CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(It is critical that the email address is correct, or you may not receive the notification of filing)