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Division of Corporations

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STREAM COMMUNICATIONS, LLC

Certificate of Status	0
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M. SOLOMON

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

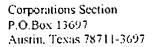
1. Name of limited liability Comp	any as it appears on the records of the Florida Department of	
State: Stream Communications, LLC	C	
2. The Florida document number of this	s limited liability company is: M15000000721	
3. Jurisdiction of its organization: <u>Tex</u>	as	
4. Date authorized to do business in FI	orida: 01/28/2015	
SECTION II (5-9 complete only the	applicable changes)	
5. New name of the limited liability co	ompany: Kynect Communications, LLC  (must contain "Limited Liability Company, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted f consent of the managers or managing members adopted Company," "L.L.C." or "LLC.")	for the purpose of transacting business in Florida and attach a copy of the written the purpose of transacting business in Florida and attach a copy of the written the purpose of transacting business in Florida and attach a copy of the written the purpose of transacting business in Florida and attach a copy of the written the purpose of transacting business in Florida and attach a copy of the written the purpose of transacting business in Florida and attach a copy of the written the purpose of transacting business in Florida and attach a copy of the written the purpose of transacting business in Florida and attach a copy of the written the purpose of the written the purpose of transacting business in Florida and attach a copy of the written the purpose of the written the written the purpose of the written the purpose of the written the purpose of the written	
6. If amending the registered agent and the new registered agent and/or the new	/or registered office address on our records, enter the name of vergistered office address here:	
Name of New Registered Agent:		
New Registered Office Address:  Enter Florida Street Address		
_	, Florida	
	City Zip Code	
comply with the provisions of all statute duties, and I am familiar with and acce provided for in Chapter 605, F.S. Or, it	istered agent and agree to act in this capacity. I further agree to es relative to the proper and complete performance of my ept the obligations of my position as registered agent as f this document is being filed to merely reflect a change in the firm that the limited liability company has been notified in	
	If Changing Registered Agent, Signature of New Registered Agent	
<ol><li>If the amendment changes the jurisd</li></ol>	liction of organization, indicate new jurisdiction:	

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Filing Fee: \$25.00

Ruth R. Hughs Secretary of State





## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Kynect Communications, LLC (file number 802037842), a Domestic Limited Liability Company (LLC), was filed in this office on August 01, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 30, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 910464090003