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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future

Email Address:

annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN EPISERVER INC.

Certificate of Status	0
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From: David Thomas

DocuSign Envelope ID: 70896B7D-9AEE-47EF-8658-61F4BE4C3C52

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

F160000	002260	
	(Document number of corporation (if known)	<del></del>
Episerver Inc.		
(Name of corp	oration as it appears on the records of the Depart	ment of State)
Delaware	3, 17/05/2016	
(Incorporated under law		ized to do business in Florida)
(4-7 CC	SECTION II OMPLETE ONLY THE APPLICABLE CHAS	NGES)
If the amendment changes the name of the connection? 09/01/1999	orporation, when was the change effected under t	the laws of its jurisdiction of
Optimizely North America Inc.		
(Name of corporation after the amendment, not contained in new name of the corporation	adding suffix "corporation," "company," or "incent)	orporated," or appropriate abbreviation
(If new name is unavailable in Florida, enter	alternate corporate name adopted for the purpose	of transacting business in Florida)
6. If the amendment changes the period of	f duration, indicate new period of duration.	ر. ده ده
<del></del>	(New duration)	
7. If the amendment changes the jurisdicti	ion of incorporation, indicate new jurisdiction.	
_	(New jurisdiction)	
. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Florida, enter the n	ame of the
Name of New Registered Agent		
<del></del>	(Florida street address)	
New Registered Office Address:	(City)	_, Florida (Zip Code)
New Registered Agent's Signature, if cha	anging Registered Agent	
	ed agent. I am familiar with and accept the oblig	gations of the position.
Signature of New Register	red Agent, if changing	

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tle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
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		<del></del>	Remove
Attached is a certification to during the application to durinder the laws of which	ate or document of similar import, he Department of State, by the Seci ich it is incornorated.  Document by:	, evidencing the amendment, authentic retary of State or other official having co	ated not more than 90 days prior to dusted not more than 90 days prior to dusted not of corporate records in the jurise
	Christopher Boyliss		

FILING FEE \$35.00

(Title of person signing)

(Typed or printed name of person signing)



Page 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "EPISERVER INC.",
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"OPTIMIZELY NORTH AMERICA INC." ON THE TWENTY-SIXTH DAY OF
OCTOBER, A.D. 2022, AT 3:42 O'CLOCK P.M.



Authentication: 203704670

Date: 07-07-23