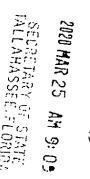
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SIFT LOCAL, INC.

TYPE OF FILING: AMENDMENT

COST:

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RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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)

			
	(Document number of corpo	ration (if known)	
Sift Local, Inc.			
	ration as it appears on the rec	cords of the Department of Sta	ite)
Delaware	3. '	3. June 21, 2018 (Date authorized to do business in Florida)	
(Incorporated under laws	of)	(Date authorized to do b	ousiness in Florida)
	SECTION I	1	
(4-7 CO	MPLETE ONLY THE API		
If the amendment changes the name of the co incorporation? March 18, 2019	rporation, when was the char	nge effected under the laws of	its jurisdiction of
Events Local, Inc.			
(Name of corporation after the amendment, a not contained in new name of the corporation	idding suffix "corporation," " 1)	company," or "incorporated,"	or appropriate abbrev
(If new name is unavailable in Florida, enter a	alternate corporate name ado	pted for the purpose of transac	ting business in Florid
. If the amendment changes the period of	duration, indicate new period	of duration.	
			20 S. S.
	(New duration	n)	20 MAR ECRED
. If the amendment changes the jurisdiction	on of incorporation, indicate r	new jurisdiction.	2020 MAR 25 AH 9: 09 SECRETARY OF STATE FALL AHASSEE, FLORID,
	(New jurisdicti	on)	# 9: 05
If amending the registered agent and/or renew registered agent and/or the new registered		lorida, enter the name of the	<u>.</u>
Name of New Registered Agent			
	(Florida street addr	ress)	
New Registered Office Address:		Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if char	nging Registered Agent:		
I hereby accept the appointment as registered	d agent. I am familiar with a	and accept the obligations of t	he position.
Signature of New Registere	ed Agent, if changing		

<u>Name</u> Title/ Capacity <u>Address</u> Type of Action \square Add Remove □Ađd Remove □Add Remove □Add Remove \square Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. Samuel Mellerson (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Samuel McPherson (Typed or printed name of person signing) (Title of person signing) FILING FEE \$35.00

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SIFT LOCAL, INC.",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EVENTS

LOCAL, INC." ON THE EIGHTEENTH DAY OF MARCH, A.D. 2019, AT 2:22

O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVENTS LOCAL, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2018.



Authentication: 202648910

Date: 03-24-20

6942398 8320 SR# 20202348482