L18000113561

| estor's Name) | | | | | | |
|---|---|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| ☐ WAIT | MAIL | | | | | |
| ess Entity Na | me) | | | | | |
| (Document Number) | | | | | | |
| Certificate | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ess) State/Zip/Phon WAIT Hess Entity National Management Number Certificate | | | | | |

Office Use Only



000361975560

RECEIVED

MAR 1 5 2021

03/16/21--01009--003 **25.00

2021 HAR 15 AM 8: 29
SECRETARY OF STATE



CSC - WILMINGTON 251 Little Falls Drive Wilmington . De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 11, 2021

Order#: 698639/002

Re: ION MEDIA BOSTON LICENSE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. | Na | une of the limited liability company:ION MEDIA | A BOSTON I | LICENSE, | E, LLC | |
|---------------------|---------------------------------|--|---|---|---|--|
| 2 | (a) | 312 Walnut Street, Suite 2800 | (1 | o) | | |
| | (47) | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | (<i>t</i> | ") | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | Cincinnati, OH 45202 | | | | |
| | | 05/04/2018 | | L180001 | 13561 | |
| 3. | | Date of filing/registration in Florida | 4. | - | Document number | |
| 5. | (a) | Jayne Berger | | | | |
| ٥. | (11) | Registered Agent and Registered Office shown on the record | ls of the Florida | υept. of St | itate: | |
| | | 601 Clearwater Park Road | | | 7. 2 | |
| | | Registered Office Address (MUST BE FLORIDA STRE | EET ADDRESS | SECRETARS 15 | | |
| | | West Palm Beach | . FL33401 | | IS AM | |
| (| (b) . | Enter name of NEW Registered Agent and/or NEW Regist Corporation Service Company | ered Office ad | dress: | 5 AM 8: 29 SEE, FLORIDA | |
| | | NEW Registered Office Address: | | | _ | |
| | | 1201 Hays Street | <u> -</u> | | | |
| | | Tallahassee | . Fl. 32301 | | | |
| cha: age: was | nge nt w /wei | mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the memberles of organization or the operating agreement of | the registere d liability cours ors of the limi | d office a: mpany, it ited liabili | and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in | |
| /s/ | Juli | e McGehee | Julie | McGehe | ee, Authorized Person | |
| Si | gnati | ire of a member or authorized representative of a member | | - | Printed or typed name of signee | |
| pro the to n | asio obliz i ere ; | y accept the appointment as registered agent and ins of all statutes relative to the proper and completed on my position as registered agent as provide registered agent as provide registered office address, in writing of this charge. | agree to act ete performa ided for in C , I hereby co. | in this cap nce of my hapter 60 nfirm that | pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed t the limited liability company has been | |
| uni | , ieu (| in writing of this change. | | Corporation Service Company | | |
| Sigr | iature | of Registered Agent | Ami M. Ca | isper, Ass | sst. Vice President | |