# 40100000292

<u></u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Y SULKER FEB 1 2 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
7311basses Ft 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 174107 7269114							
AUTHORIZATION: Spelle le man							
COST LIMIT : \$ 25.00							
ORDER DATE : February 7, 2020							
ORDER TIME : 11:40 AM							
ORDER NO. : 174107-055							
CUSTOMER NO: 7269114							
FOREIGN FILINGS							
NAME: WEST TELECOM SERVICES, LLC							
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY							
XXXX AMENDMENT							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING							

EXAMINER:

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: West Telecom Serv	rices, LLC
	Name of Foreign	Limited Liability Company
Dear S	ir or Madam:	
The en	iclosed application, certificate and fee(s) ar	e submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	Susan Lauman Name of Person	
In	trado Communications, l Firm/Company	<u></u>
_11	808 Miracle Hills Drive Address	
	City/State and Zip Code  wan. Lauman @ intrado.  ail address: (to be used for future annual re	<b>con</b> eport notification)
For fu	rther information concerning this matter, pl	lease call:
Su	san Lauman :	at (402 ) 716-2074
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	sed is a check for the following amount:  5 Filing Fee \$\sum \$30 Filing Fee &  Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E05	55 (9/15)	<del>- ·</del>

### 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 Company as it appears	on the records of the Florid	a Department of	
State: West Telecom Services, LI	LC		
Enter new principal office address, if applicable:			<del></del>
( <u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liab	pility company is: MO100	00000292	
3. Jurisdiction of its organization: Delaware			202 SE TAL
4. Date authorized to do business in Florida: $02i$	/06/2001		
SECTION II (5-9 complete only the applicable c	hanges)		
5. New name of the limited liability company: In (must	trado Communicatio contain "Limited Liability C	ns, LLC Company, ""L.L.C.,	" or "LLC."
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	aging members adopting the	g business in Florid alternate name. The	a and attach a e alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office address.	d officer address on our reco dress here:	rds, enter the name	of the new
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:			
	Enter Flor	ida Street Address	
	City	, Florida	ip Code
New Penistered Agent's Signature if changing Dec	Ť	Z	ір Соае

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

tle/ Capacity	<u>Name</u>	Address	Type of Actio
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			Remov
			Add
			Remov

Filing Fee: \$25.00

Typed or printed name of signee

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WEST TELECOM
SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "INTRADO COMMUNICATIONS, LLC" ON THE FOURTH DAY OF
FEBRUARY, A.D. 2020, AT 2:35 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED 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 "INTRADO COMMUNICATIONS, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2001.

Authentication: 202362398

Date: 02-11-20