

170101400025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000415812570

2023 SEP 19 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

2023 SEP 19 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

R. HUNT  
09/19/23

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 939068 7269114

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 15, 2023

ORDER TIME : 12:43 PM

ORDER NO. : 939068-420

CUSTOMER NO: 7269114

2023 SEP 19 PM 12:40  
DIVISION OF CORPORATE AFFAIRS

FOREIGN FILINGS

NAME: INTRADO COMMUNICATIONS, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

# 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 Florida Department of

State: Intrado Communications, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address  
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 liability company is: M01000000292

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/06/2001

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Hypercube Networks, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

2023 SEP 19 PM 12:40  
DIVISION OF CORPORATE FILINGS

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Digitally signed by  
*Louis Brucculeri*  
 DN: cn=Louis Brucculeri, o=STATE OF NEW YORK, ou=SECRETARY OF STATE, email=louis.brucculeri@state.ny.us

\_\_\_\_\_  
 Signature of the authorized representative

Louis Brucculeri

\_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "INTRADO COMMUNICATIONS, LLC", CHANGING ITS NAME FROM "INTRADO COMMUNICATIONS, LLC" TO "HYPERCUBE NETWORKS, LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2023, AT 4:35 O'CLOCK P.M.

2023 SEP 19 PM 12:40  
DIVISION OF CORP. & SEC.  
STATE OF DELAWARE



  
Jeffrey W. Bullock, Secretary of State

3344825 8100  
SR# 20233398795

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204080031  
Date: 08-31-23

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

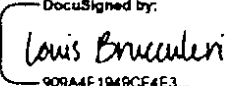
1. Name of Limited Liability Company: Intrado Communications, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: Article I is amended so that, as amended, said Article shall be and read as follows:  
I. The name of the limited liability company is Hypercube Networks, LLC.

3. The amendment shall be effective upon filing.

**IN WITNESS WHEREOF**, the undersigned have executed this Certificate on the 28th day of August, A.D. 2023.

By:   
909A4F1949CF4E3...  
Authorized Person(s)

Name: Louis Brucculeri  
Print or Type

2023 SEP 19 PM 12:40  
DIVISION OF CORPORATIONS