

1/21/22, 11:07 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

m0600002810

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 JAN 21 PM 4: 32

ALL INFO

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CURB MEDIA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

22 JAN 21 PM 12: 44

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Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX

JAN 24 2022

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: CURB MEDIA, LLC

Enter new principal office address, if applicable: 1612 Remuda Lane, San Jose, CA 95112

(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: M06000002810

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 5/8/2006

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

5. New name of the limited liability company: Firefly Mobility Media, 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

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Amos Tamam	1612 Remuda Ln, San Jose, CA 95112	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Manager	Farhaad Chanduwadia	1612 Remuda Ln, San Jose, CA 95112	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Manager	Jennifer Kurzman	1612 Remuda Ln, San Jose, CA 95112	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Kaan Gunay	1612 Remuda Ln, San Jose, CA 95112	<input checked="" 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.

Jennifer Kurzman
 Signature of the authorized representative
 Jennifer Kurzman

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 "FIREFLY MOBILITY MEDIA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

2971771 8300

SR# 20220178579

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202434704

Date: 01-19-22