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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| T              |  | E.C.                 |
|----------------|--|----------------------|
| To:            | Division of Corporations   | · 元子                 |
|                | Fax Number : (850)617-6383   | ASSE                 |
| From:          |  | <b>™</b>             |
|                | Account Name : C T CORPORATION SYSTEM  | المد لمد             |
|                | Account Number : FCA000000023  | C S i                |
|                | Phone : (614)280-333B  | <u>≅</u> ≥           |
|                | Fax Number : (954)208-0845   | OF STATE<br>FLORIDA  |
| **Enter<br>an: | the email address for this business entity to be used<br>nual report mailings. Enter only one email address plea | for future<br>ase.** |
| F.m.           | ail Address:   |                      |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDITION MANAGEMENT LLC

10129

| Certificate of Status | 0       |
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S. PRATHER

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Corporate Filing Menu

Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

| ı  |  | 2021 OCT 29<br>SECRETARY<br>FALLAHASSE |
|--|--|--|
| SECTIO   | ON I (1-4 must be completed)   | AH.                                    |
| 1. Name of limited liability Company as it appe  | ars on the records of the Florida Department of  | T 29<br>TART                           |
| State: Edition Management LLC  |  | • •                                    |
|  | ·  | PH 12: 48 E. FLORIDA                   |
| District of Grandina   |  | VOI)<br>JE<br>PA                       |
| <u>Principal office address</u><br>MUST BE A STREET ADDRESS)   |  |  |
|  |  |  |
| The state of the s |  |  |
| 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: M13000005429   |  |
|  |  |  |
| 3. Jurisdiction of its organization: Delaware  |  |  |
| 4. Date authorized to do business in Florida: $\frac{871}{100}$  | 28/2013  |  |
| SECTION II (5-9 complete only the applicabl  | le changes)  |  |
| 5. New name of the limited liability company:  | ust contain "Limited Liability Company, " "L.L.C" or   | <del></del> .                          |
| (mi  | ust contain "Limited Liability Company, " "L.L.C" or   | "LEC.")                                |
| (If name unavailable, enter alternate name adopt copy of the written consent of the managers or namest contain "Limited Liability Company," "L.I   | ted for the purpose of transacting business in Florida an managing members adopting the alternate name. The alt L.C." or "LLC.") | d attach a<br>ernate name              |
| 6. If amending the registered agent and/or registered agent and/or the new registered office   | ered officer address on our records, enter the name of the address here:   | <u>ie new</u>                          |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  | <del></del>                            |
|  | Enter Florida Street Address   |  |
| _  | Florida  | · · · · ·                              |
|  | City Zip C   | var                                    |

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

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

From: Kimberly Laughrey

2021-10-29 10:31.53 CST

| Title/ Capacity               | <u>Name</u>                            | Address  | Type of Action |
|-------------------------------|--|--|----------------|
| Manager                       | Dorothy M., Ingalls                    | 10400 Fernwood Road                            | □Add           |
|                               |  | Bethesda, MD 20817                             | ■Remove        |
| Manager                       | David J., Grissen                      | 10400 Fernwood Road                            | □Add           |
|                               |  | Bethesda, MD 20817                             | ≅Remove        |
| Manager                       | Valery, Bauduin, Bao Giang             | 10400 Fernwood Road                            | □Add           |
|                               |  | Bethesda, MD 20817                             | ⊠Remove        |
| President                     | William P. Brown                       | 10400 Fernwood Road                            | Nodd           |
|                               |  | Buthesda, MD 20817                             | Remov          |
| President &<br>tant Secretary | Margery Breneman                       | 10400 Fernwood Road                            | bbA⊠           |
| aforemention                  | nder the law of which this entity is o | l by the official having custody of records in | THE TARY OF ST |

Filing Fee: \$25.00

Typed or printed name of signee

Attachment

The following officers will be added:

Name Title Address

Sonia H. Greene Vice President & Assistant Secretary 10400 Fernwood Road

Bethesda, MD 20817

Andrew P.C. Wright Secretary 10400 Fernwood Road

Bethesda, MD 20817