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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GANNETT GOVERNMENT MEDIA LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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JUN 29 2015

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Help J SHIVERS

**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: Gannett Government Media LLC

2. The Florida document number of this limited liability company is: M14000004930

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/10/2014

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

5. New name of the limited liability company: SLIGHTLINE MEDIA GROUP, 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 office 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

City

Florida

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>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <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.

Todd Mayman

Signature of the authorized representative

Todd A. Mayman

Typed or printed name of signer

Filing Fee: \$25.00

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15 JUN 26 AM 9:28  
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# Delaware

PAGE 1

*The First State*

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 "GANNETT GOVERNMENT MEDIA LLC", CHANGING ITS NAME FROM "GANNETT GOVERNMENT MEDIA LLC" TO "SIGHTLINE MEDIA GROUP, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2015, AT 5:42 O'CLOCK P.M.

FILED  
15 JUN 26 AM 9:28  
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TALLAHASSEE, FLORIDA

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at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2503986

DATE: 06-25-15

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:49 PM 06/23/2015  
FILED 05:42 PM 06/23/2015  
SRV 150962236 - 2267964 FILE

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Gannett Government  
Media LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is amended to read as follows:

1. The name of the limited liability company is: Signaline Media Group, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 23 day of June, A.D. 2015.

By: Todd Mayman  
Authorized Person(s)

Name: Todd A. Mayman  
Print or Type