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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Division of Corporations

Fax Number

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

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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. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CROSS MEDIAWORKS, LLC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

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K. SALY SEP 1/2 2018

## 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: CROSS MEDIAWORKS, LLC
Enter new principal office address, if applicable:
SECTION I (I-4 must be completed)  1. Name of limited liability Company as it appears on the records of the Florida Department of State:  CROSS MEDIAWORKS, LLC  Enter new principal office address, if applicable:  (Principal office address  AUIST 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: M14900008291
3. Jurisdiction of its organization: DELAWARE
4. Date authorized to do business in Florida: 11/17/2014
SECTION II (5-9 complete only the applicable changes)  5. New name of the limited liability company:  (must contain "Limited Liability Company, " "L.L.C.," or "U.C.")
(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 "L.L.C.")
6. If unrending the registered agent and/or registered officer address on our records, enter the name of the new registered office address here:
Name of New Begistered Agent
New Registered Office Address  Enter Florido Street Address
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 copacity. 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.
it Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:    TALLAHA   18   18   19   19   19   19   19   19						
ide/ Capacity	Name	Address	Type of Action			
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aforementioned a	ificate, it required: no more than 90 of mendment(s), duly authenticated by the law of which this entity is organ	the efficial having custody of records in the	Remove			
	- And the	he authorized representative				

Filing Fee: \$25.00

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'CROSS MEDIAWORKS, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'CADENT, LLC' ON THE SIXTH DAY OF AUGUST, A.D. 2018, AT 5:19 O'CLOCK P.M.





4340022 8320 SR# 20186589891 Authentication: 203396720

Date: 09-11-18