# 115000001276

(	Reque	estor's Name	e)	
	(Addre	ess)		
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(	City/S	tate/Zip/Pho	ne #)	
PICK-UP	۱	☐ WAIT		MAIL
<del> </del>	Busin	ess Entity Na	ame)	
(	Docur	ment Numbe	r)	
Certified Copies	<del></del>	Certificate	es of Statu	s
Special Instructions	to Filii	ng Officer:		





700285122527

K. SALY EXAMINER APR 29

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 119313 7512081
AUTHORIZATION: Spelle Ren
COST LIMIT : \$ 25.00
ORDER DATE: April 27, 2016
ORDER TIME : 9:32 AM
ORDER NO. : 119313-010
CUSTOMER NO: 7512081
<u>FOREIGN FILINGS</u> NAME: TRADEKING MEDIA LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender EXT# 62956

EXAMINER:

CORPORATION SERVICE COMPANY

### **COVER LETTER**

то:	Registi Divisio		ection orporations				
SUBJE	- CT: _	Γrad	eKing Mo		C Limited Liabi	lity Comp	any
			, ,,,,,,	o or rorong	Diffined Diaco	my comp	,
Dear Si	r or Ma	dam:					
The enc	losed a	pplicat	ion, certificate	and fee(s) a	re submitted fo	or filing.	
Please r	eturn a	II corre	spondence con	cerning this	matter to the f	following:	
			Name of Pers	son			
			Firm/Compa	ıy		•	
	<del></del>	·	Address	·····			
<u> </u>			City/State and	d Zip Code	<del></del>		
E-ma	il addre	ss: (to	be used for fut	ure annual re	eport notificati	ion)	
For furtl	her info	rmatio	n concerning tl				
··· <u>·</u> ··		Name	of Person	8	Area Code	) & Daytim	e Telephone Number
] [ 2	Registra Divisio Clifton 2661 Ea	ation So n of Co Buildir xecutiv	rporations			Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314
	d is a c Filing F		or the followin  \$30 Filing  Certificate	Fee &	\$55 Filin Certified	_	\$60 Filing Fec, Certificate of Status & Certified Conv

CR2E055 (9/15)

## 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
Tradeking Modia LLC
State: TradeKing Media LLC
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: TradeKing Media LLC  Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
(Principal office address MUST BE A STREET 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: M15000001276
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 2/12/2015
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: TKConnect, LLC (must contain "Limited Liability Company, ""L.L.C.," or "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
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.

/ Capacity	Name	Address	Type of Action
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mentioned amen	te, if required: no more than 90 of dment(s), duly authenticated by t law of which this entity is organ	the official having custody of records in the	
	Jon Tol	he authorized representative	

Filing Fee: \$25.00

### <u>Delaware</u>

Page 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TRADEKING MEDIA,
LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"TKCONNECT, LLC" ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2015,
AT 12:25 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2016 APR 28 AM 8: 08
SECRETARY OF STATE



Authentication: 202222662

Date: 04-27-16

5606055 8320 SR# 20162624532