

MIS000004260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

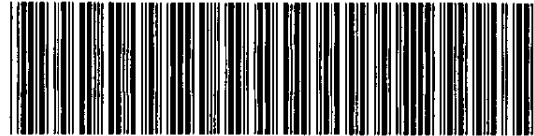
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 07 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One On One Marketing Holdings LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Glaus

Name of Person

Digital Media Solutions LLC

Firm/Company

28100 US Highway 19 N Ste 204

Address

Clearwater FL 33761

City/State and Zip Code

bglaus@thedmsggrp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Glaus

Name of Person

at (727) 287-0428

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: One On One Marketing Holdings LLC
2. The Florida document number of this limited liability company is: M15000004260
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 05/21/2015

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

5. New name of the limited liability company: SCHOOLADVISOR, 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

_____, **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:


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OFFICE
TALLAHASSEE
FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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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.



Signature of the authorized representative
Bryan Glaus, Chief Financial Officer

Typed or printed name of signee

Filing Fee: \$25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

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State of Delaware
Secretary of State
Division of Corporations
Delivered 04:37 PM 07/28/2015
FILED 04:37 PM 07/28/2015
SRV 151103825 - 5685754 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: ONE ON ONE MARKETING HOLDINGS, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article First is hereby amended to read:

First: The name of the limited liability company is
SCHOOLADVISOR, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 28th day of July, A.D. 2015.

By: 

Authorized Person(s)

Name: Joshua R. Wueller

Print or Type

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REARY OF STATE
ANNASSEE, FLORIDA

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:34 PM 02/02/2015
FILED 04:34 PM 02/02/2015
SRV 150132952 - 5685754 FILE

CERTIFICATE OF FORMATION

ONE ON ONE MARKETING HOLDINGS, LLC

FIRST: The name of the limited liability company is ONE ON ONE MARKETING HOLDINGS, LLC.

SECOND: Its Registered Office is to be located at 3500 South Dupont Highway, Dover, Delaware 19901 in the County of Kent. The Registered Agent in charge thereof is W/K Incorporating Services, Inc.

I, THE UNDERSIGNED, for the purpose of forming a limited liability company under the laws of the State of Delaware, do make, file and record this Certificate, and do certify that the facts herein are true, and I have accordingly hereunto set my hand this 2nd day of February 2015.

Lawrence A. Kirsch

Lawrence A. Kirsch

Authorized Person on behalf of the LLC

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AHASSEE, FLORIDA