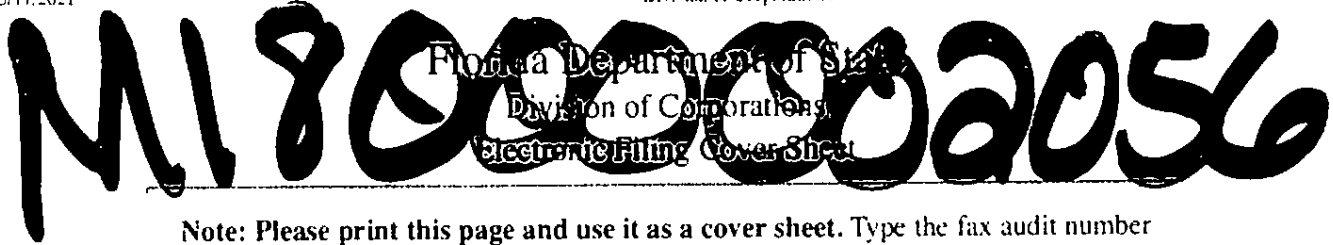


5/17/2021

Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000196958 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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TALLAHASSEE, FL

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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: _____

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MPLATFORM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

US
5/18/21

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: MPLATFORM, LLC

Enter new principal office address, if applicable: _____

(Principal office 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: M18000002056

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/28/2018

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

5. New name of the limited liability company: Choreograph 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

_____, 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

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TALLAHASSEE, FL

FILED

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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove

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 2021 MAY 17 PM 4:08
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 TALLAHASSEE, FL

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.


 Thomas Graziano (May 17, 2021 10:10:51)
 Signature of the authorized representative

Thomas Graziano, VP of Tax Operations

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MPLATFORM, INC." FILED A CERTIFICATE OF CONVERSION, CHANGING ITS NAME TO "MPLATFORM, LLC", ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2017, AT 10:04 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "MPLATFORM, LLC" FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "GROUPM DATA & TECHNOLOGY LLC", ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2020 AT 2:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THE SAID "GROUPM DATA & TECHNOLOGY LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TEGRAL LLC", ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2021, AT 4:53 O'CLOCK P.M.

FILED
2021 MAY 17 PM 4:08
SECRETARY OF STATE
DELAWARE



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6280538 8321
SR# 20211826850

Authentication: 203220616
Date: 05-17-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

Page 2

AND I DO HEREBY FURTHER CERTIFY THE SAID "TEGRAL LLC" FILED
A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CHOREOGRAPH
LLC", ON THE FIRST DAY OF APRIL, A.D. 2021, AT 5:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHOREOGRAPH
LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED
LIABILITY COMPANY.

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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHOREOGRAPH
LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2017.

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SECRETARY OF STATE
TALLAMUSSE, IL




Jeffrey W. Butts, Secretary of State

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