

To: 18506176383

5/28/2021

From: Ranae McGraw

2021-05-28 03:54:25 EST

19342050345

From: Ranae McGraw

**M/18000003473**

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.

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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

**\*\*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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2021 MAY 28 AM 10:47

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARTIST PROJECT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

JUN 01 2021

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# 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: ARTIST PROJECT, 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: M18000003473

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/10/2018

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

5. New name of the limited liability company: INFERNO STUDIOS, LLC  
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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

\_\_\_\_\_, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 MAY 28 PM 2:35

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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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	DAVID UNTHIEDT	459 EAST 16TH STREET	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32206	<input type="checkbox"/> Remove
VP	CHERIE LEE	459 EAST 16TH STREET	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32206	<input checked="" 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.

Anthony V. Cipriano

Signature of the authorized representative

ANTHONY V. CIPRIANO, VICE PRESIDENT OF TAX

Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

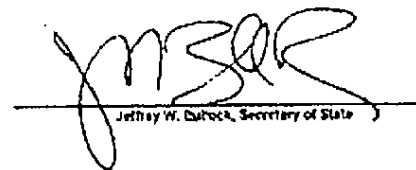
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ARTIST PROJECT, LLC", CHANGING ITS NAME FROM "ARTIST PROJECT, LLC" TO "INFERNO STUDIOS, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF APRIL, A.D. 2021, AT 6:04 O'CLOCK P.M.

FILED  
2021 MAY 28 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

6615471 8100  
SR# 20211356520

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203012230  
Date: 04-20-21

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:04 PM 04/19/2021  
FILED 06:04 PM 04/19/2021  
SR 10211356520 - File Number 6615471

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Artist Project, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The entity shall be renamed Inferno Studios, LLC, such that, moving forward, the new entity name will be Inferno Studios, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 19<sup>th</sup> day of April, A.D. 2021.

By: 

Authorized Person(s)

Name: CHRISTOPHER L. CASEY

Print or Type