# M18000004822

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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600208823326

The Attents

OCT 1 1 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 936143 7269114

AUTHORIZATION : Spelle le man

COST LIMIT : \$ 25.00

ORDER DATE: September 26, 2019

ORDER TIME : 9:52 AM

ORDER NO. : 936143-060

CUSTOMER NO: 7269114

\*-----

#### FOREIGN FILINGS

NAME: WEST DIGITAL MEDIA SOLUTIONS

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: Amanda Robinson -- EXT# 62968

### **COVER LETTER**

Division of Corporations		
SUBJECT: <u>Intrado Digital</u> Name of Foreign	Lledia, LLC Limited Liability Cor	npany
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) a	re submitted for filing	
Please return all correspondence concerning this	matter to the followin	g:
Susan Lauman Name of Person	<del> </del>	
Intrado Digital Lledia, Firm/Company	LLC	
11808 Miracle Hills Driv Address	re	
Omaha, NE Le8154 City/State and Zip Code		
Susan. Lauman @ west. E-mail address: (to be used for future annual re	Com eport notification)	
For further information concerning this matter, p	lease call:	
Susan Launan	nt (402) 714	2-2074
Name of Person		me 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:  \$\textstyle \$\sum \text{\$\sum \text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

TO:

Registration Section

### 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 appear	s on the records of the Florida	a Department of	
State: West Digital Media Solution	is LLC		
Enter new principal office address, if applicable:			_
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		,	<del>_</del> ;
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u>-</u> `
2. The Florida document number of this limited lia	bility company is: M1800	00004822	<del>-</del>
3. Jurisdiction of its organization: Delaware			_
4. Date authorized to do business in Florida: 05/	18/2018		_
SECTION II (5-9 complete only the applicable c	hanges)		
5. New name of the limited liability company: In	·	.LC	
(must	contain "Limited Liability C	ompany, ""L.L.C.," or "LLC.	·")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting taging members adopting the ." or "LLC.")	business in Florida and attach alternate name. The alternate r	- i a iame
5. If amending the registered agent and/or registered egistered agent and/or the new registered office ad	d officer address on our recor dress here:	ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			-
<del></del>	Enter Flori	da Street Address	•
		, Florida Zip Code	
	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.

s. If the amendment c	hanges person, title or capacity in accor	dance with 605.0902 (1)(e), ind	heate that change:
Title/ Capacity	Name	Address	Type of Action
			Add
			Remov
			Add
			Remov
	-		C. Remove
	-		Add
	-		Remove
			Add
	-		Remove
aforementioned ame	cate, if required: no more than 90 days endment(s), duly authenticated by the one law of which this entity is organized	official having custody of recor	ds in the

Typed or printed name of signee

Filing Fee: \$25.00

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WEST LLC", FILED A
CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "INTRADO DIGITAL
MEDIA, LLC" ON THE EIGHTH DAY OF OCTOBER, A.D. 2019, AT 11:34
O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF

THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TENTH DAY OF

OCTOBER, A.D. 2019 AT 12:01 O'CLOCK A.M.



Authentication: 203748940

Date: 10-08-19