

3/8/22. 2:43 PM

Division of Corporations

MAD

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOMEADVISOR CONTRACTING, LLC

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 MAR -8 AM 10:15

FILED

2022 JAN - 8 PM 4:02

T. LEMIEUX

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DocuSign Envelope ID: AC6D138F-8611-4C1C-9223-F10C35D5945A

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: HOMEADVISOR CONTRACTING, 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: M20000006002

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 07/08/2020

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

5. New name of the limited liability company: Angi Contracting 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

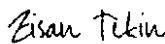
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
Assistant Treasurer	Bohnert, Christopher	3601 Walnut St, Suite 700 Denver, CO 80205	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
VP, Tax	DeGraw, Eric	3601 Walnut St, Suite 700 Denver, CO 80205	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
President	Hanrahan, Oisin	3601 Walnut St, Suite 700 Denver, CO 80205	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Manager, Secretary	Shaw, Shannon M.	3601 Walnut St, Suite 700 Denver, CO 80205	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Chief Legal Officer, Secretary and Manager	Shannon Shaw	130 E Washington Street, Suite 1100	<input checked="" type="checkbox"/> Add
		Indianapolis, IN 46204	<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 laws of which this entity is organized.



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Signature of the authorized representative

Zisan Tekin

Typed or printed name of signee

Filing Fee: \$25.00

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Please add:

Aoife O'Sullivan, Manager – 3601 Walnut St., Suite 700, Denver, CO 80205

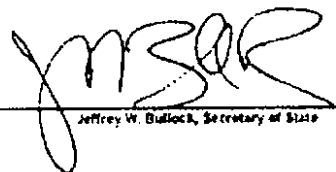
Zisan Tekin, Manager – 3601 Walnut St., Suite 700, Denver, CO 80205

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'HOMEADVISOR
CONTRACTING, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING
ITS NAME TO 'ANGI CONTRACTING LLC' ON THE ELEVENTH DAY OF
JANUARY, A.D. 2022, AT 11:21 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

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SR# 20220644604

Authentication: 202734007
Date: 02-22-22

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