(((H23000018131 3)))



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| To: | | |
|--|--|------|
| | Division of Corporations | |
| | Fax Number : (850)617-6383 | |
| | | |
| From: | | • • |
| | Account Name : CAPITOL SERVICES, INC. | |
| | Account Number : I20160000017 | |
| | Phone : (855)498-5500 | ج , |
| | Fax Number : (800)432-3622 | , ~ |
| | | 1: |
| | | • |
| | e email address for this business entity to be used for future | |
| annu | al report mailings. Enter only one email address please.** | 5 °F |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOODMAN COMMUNICATION SERVICES, LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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M. SOLOMON

JAN 17 2023

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H23000018131

COVER LETTER

| | istration Section ision of Corporations | | | |
|-----------------------|--|--|-------|---------|
| SUBJECT: | Goodman Communication Serv | ices, LLC | | |
| | Name of I | oreign Limited Liability Company | | |
| Dear Sir or | Madam: | | | |
| The enclose | d application, certificate and | fee(s) are submitted for filing. | | |
| Please return | n all correspondence concerni | ng this matter to the following: | | |
| Hannah Peres | z. | | | |
| | Name of Person | v | | 2023 |
| TechDash Co | mmunications, LLC | | | HYF B |
| | Firm/Company | | 19 | 1 |
| 103 Industrial | Loop Ste 900 | | Î. | <u></u> |
| | Address | | 1 (T) | Ģ. |
| Fredericksbur | g, TX 78624 | | | 50 |
| | City/State and Zip | Code | | |
| | oodmantelecom.com | | | |
| E-mail ad | dress: (to be used for future ar | inual report notification) | | |
| For further is | nformation concerning this ma | atter, please call: | | |
| Hannah Perez | | at (210) 610-8431 | | |
| | Name of Person | Area Code & Daytime Telephone Number | | |
| Regi Divi: P.O. | ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | osed is a check for the follow | ving amount: | | |
| □\$25 Filing | Fee S30 Filing Fee & Certificate of State | 7,7 | | |
| CR2F055 (9/15) | 1 | Certified Copy | | |

H23000018131

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)

| Name of limited liability Company as it appear State: Goodman Communication Services, LLC | | Department of | | |
|--|--|---|-------------------|------------|
| Enter new principal office address, if applicable: | 103 Industrial Loop Ste 900 | | | |
| (<u>Principal office address</u> MUST BE A STREET ADDRESS) | Fredericksburg, TX 78624 | | | |
| Enter new mailing address, if applicable: | 103 Industrial Loop Ste 900 | | · 1 ₃ | 2023 |
| (Malling address MAY BE A POST OFFICE BOX) | | | | JAN 17 |
| 2. The Florida document number of this limited lis | | 0499 | 154 154 150 | <i>7</i> : |
| 3. Jurisdiction of its organization: Texas | | | | 0. 13. |
| 4. Date authorized to do business in Florida: 11/1 | | | | |
| SECTION II (5-9 complete only the applicable | | | | |
| 5. New name of the limited liability company: To | • | ; | | |
| (mus | t contain "Limited Liability Co | 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," "LLC | naging members adopting the | business in Florida and attach a alternate name. The alternate name | i e | |
| If amending the registered agent and/or registere repistered agent and/or the new registered office ar | ed officer address on our recor | ds, enter the name of the new | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florid | da Street Address | | |
| | City | , Florida Zip Code | | |
| New Registered Agent's Signature, if changing Re | • | zap coue | | |
| hereby accept the appointment as registered agenther provisions of all statutes relative to the proper and accept the obligations of my position as registed locument is being filed to merely reflect a change to | nt and agree to act in this capa and complete performance of ered agent as provided for in (| my duties, and I am familiar with 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.

| itle/ Capacity | Name | Address T | pe of Action | |
|--------------------|-------------------------------------|---|-----------------------|---|
| | | | _ □Add | |
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| aforementioned ame | e law of which this entity is organ | the official having custody of records in the | □Remove | |

Filing Fee: \$25.00

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jose A. Esparza Deputy Secretary of State

H23000018131

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that on August 16, 2022, Goodman Communication Services, LLC, a Domestic Limited Liability Company (LLC) (file number 803761784), changed its name to TechDash Communications, LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 14, 2022.



Jose A. Esparza Deputy Secretary of State

H23000018131