

Florida Department of State

m22000106139386
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.

((H26000106139 3))



H2600010613934BC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED
2026 MAR 11 PM 4:07
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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: _____

2026 MAR 11 AM 9:34

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BUXTON COMPANY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

me1 3/12/2026

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: Buxton Company, 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: M22000016386

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/25/2022

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

5. New name of the limited liability company: Audiense, 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

2026 MAR 11 11:19:34

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE
 STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'BUXTON
 COMPANY, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
 NAME TO 'AUDIENSE, LLC' ON THE TWENTY-FOURTH DAY OF FEBRUARY,
 A.D. 2026, AT 4:56 O'CLOCK P.M.

2026 MAR 11 AM 9:34
 20



C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7040574 8320
 SR# 20261089680

Authentication: 203290433
 Date: 03-09-26

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