# P11000097829

(F	Requestor's Name)	
A)	address)	<del></del>
<u>(,)</u>	(dcress)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
(C	Occument Number)	
: (Copies	Certificates o	of Status
Instructions to Fi	ling Officer:	
	Office Use Only	

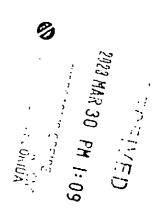


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### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/30/23

**NAME**: MUDHOOK MARKETING, INC

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## COVER LETTER TO: Amendment Section

TO: Amendment Secti Division of Corpo				
NAME OF CORPOR	ATION: Mudhook Marketin	ng. Inc.		
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Carolyn Heiges			
-		Name of Contact Persor	1	
	Ziff Davis, Inc.			
		Firm/ Company		
	114 5th Avenue, 15th Floor			
-	Address			
	New York, NY 10011			
-		City/ State and Zip Cod	e	
	carolyn_heiges@ziffdavis.co	m		
-	· <del>-</del> - ·	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Carolyn Heiges		at (	490-9124	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

#### Articles of Amendment to Articles of Incorporation of

FILED

2023 HAR 30 PH 12 14

Mudhook Marketing, Inc.	SASA LIVIE OF LIVE
· ·	n as currently filed with the Florida Dept. of State
P11000097829	a as currently med with the 1 to many per wish and Chill is the first
	North and Comment of Comment
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the cor-	poration:
IPVanish, Inc.	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ý
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
Many Bouriston of COG on a Library	Florida
wew Registerea Office Address.	(City) (Zip Code)
New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I described the appointment as registered agent.	(City)
ure of New Reg	istered Agent, if changing

### Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and raddress of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John D	<u>0e</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		·	

(Attach additional sheets, if necessary). (Be specific)	
ne aggregate number of shares that the Corporation is authorized to issues is one hundred (100) shares	s of common stoc
ith a par value of zero (0).	
	<u> </u>
	<del></del>
	·
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(y nor appacame, maicule MA)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 9	0 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De		eable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or b	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		e number of votes east for the amendment(s)
		ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/we	re sufficient for approval
by		<u> </u>
	(voting group)	
March 29, 2 Dated	2023	DocuSigned by:
Signature		Genemy Rossen
(By a di selected	rector, president or other offic	cer – if directors or officers have not been e hands of a receiver, trustee, or other court
	Jeremy Rossen	
	(Typed or printed)	name of person signing)
	Secretary	
	(Title of person sig	zning)