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2018 NOV 28 AH 9: 37

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HOY CO YOH

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

FIIONE: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 504897 8188264
AUTHORIZATION :
COST LIMIT : \$ 35.00
ORDER DATE: November 28, 2018
ORDER TIME : 3:37 PM
ORDER NO. : 504897-025
CUSTOMER NO: 8188264
DOMESTIC AMENDMENT FILING NAME: IMAGINA UNITECNIC, INC.
EFFECTIVE DATE:
XX _ ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: Imagina Unitecnic	Inc.	<u></u>
DOCUMENT NU	MBER: P14000008087		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Erika Lucas		
	, · · · · · · · · · · · · · · · · ·	Name of Contact Person	
	Mediapro		
		Firm/ Company	
	7291 NW 74th Street		
		Address	
	Miami, FL 33166		
		City/ State and Zip Code	
alv	ıças@mediapro.tv		
	~ .	sed for future annual report	notification)
	E-man address. (to be a	aca for farare armost report	
For further informa	tion concerning this matter, plea	se call:	
Erika Lucas		305	de & Daytime Telephone Number
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fcc	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	☐S52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

FILED

Articles of Amendment to Articles of Incorporation of

2018 NOV 28 AH 9: 36

SECRETARY OF STATE TALLAHASSEE, FL

Imagina Unitecnic, Inc.	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P1400008087	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
Mediapro US Unitecnic, Inc.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the contains the conta	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Cade)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sign	ature of New Registered Agent, if changing

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

(Attach additional sheets, if necessary)

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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Do	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	ncs		
_X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	EVP	_	Oscar R. Lopez		7291 NW 74th Street,
Ad d					Miami, FL 33166
X Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	-				
Add					
Remove					

* **	(Be specific)				
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f an amondment provides for un eych	ange reclassificati	an or cancellatio	n afiscuad char		
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification	on, or cancellation	n of issued shar dment itself:	<u>cs,</u>	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificati	on, or cancellation incd in the amen	n of issued shar dment itself:	<u>cs,</u>	
provisions for implementing the ame	ange, reclassificati ndment if not conta	on, or cancellation on the amen	n of issued shar dment itself:	<u>cs,</u>	
provisions for implementing the ame	ange, reclassificati ndment if not conta	on, or cancellation	n of issued shar dment itself:	<u></u>	
provisions for implementing the ame	ange, reclassificati ndment if not conta	on, or cancellation	n of issued shar dment itself:	<u></u>	
provisions for implementing the ame	ange, reclassificati ndment if not conta	on, or cancellation	n of issued shar dment itself:	<u></u>	
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provisions for implementing the ame	ange, reclassificati ndment if not conts	on, or cancellation	n of issued shar	<u></u>	
provisions for implementing the ame	ange, reclassificati ndment if not conts	on, or cancellation	n of issued shar dment itself:	<u>C5</u> ,	
provisions for implementing the ame	ange, reclassificati ndment if not conta	on, or cancellation	n of issued shar dment itself:	<u>C5</u> 1	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassificati	on, or cancellation	n of issued shar	<u>C51</u>	
provisions for implementing the ame	ange, reclassificati	on, or cancellation	n of issued shar	<u>C5</u> ,	
provisions for implementing the ame	nange, reclassificati	on, or cancellation	n of issued shar	<u>C5</u> ,	

The date of each amendment(s) ad	option: if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	nted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
☐ The amendment(s) was/were app must be separately provided for	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
hv	
·/	(voting group)
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated Nove	irector, president or other officer – if directors or officers have not been
Signature(By a c	rector, president or other officer - if directors or officers have not been
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President (Title of person signing)
	(Title of person signing)

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Imagina Unitecnic, Inc. DOCUMENT NUMBER: P14000008087 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Erika Lucas Name of Contact Person Mediapro Firm/ Company 7291 NW 74th Street Address Miami, FL 33166 City/ State and Zip Code clucas@mediapro.tv E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 357-6000 x6146

Area Code & Daytime Telephone Number Erika Lucas Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fcc □\$43.75 Filing Fee & **□\$43.75** Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314