

L09000081786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

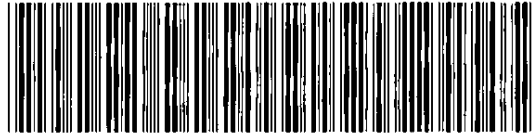
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 21 2017



COGENCYGLOBAL



115-N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: June 16, 2017

Name: Marisa Kugelmann

Reference #: D303345

Entity Name: TRADER INTERACTIVE, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

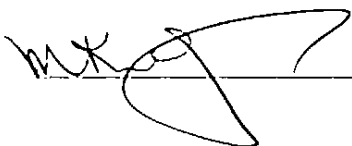
Merger

Dissolution/Withdrawal

Fictitious Name

Other certified copy upon filing

Authorized Amount: \$55.00

Signature: 

• CORPORATE HQ
COGENCYGLOBAL INC
115-N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
+1.212.947.7200

• EUROPEAN HQ
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LONDON EC4A 3BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
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UNIT 1001, 10/F, WING LOK
INDUSTRIAL BUILDING
411-415, WING LOK
HONG KONG
+852.3975.1803

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dominion Web Solutions, LLC
Name of Limited Liability Company

The enclosed Article(s) of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas C. Inglima

Name of Person

Willeox & Savage, P.C.

Firm Company

440 Monticello Avenue, Suite 2200

Address

Norfolk, Virginia 23510

City, State and Zip Code

tinglima@wilsav.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas C. Inglima 757 628-5505
at ())
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|---|---|---|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Dominion Web Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08-24-2009 and assigned Florida document number L09000081786.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Trader Interactive, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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 amendment 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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FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 STATE
 FLORIDA

D. If amending any other information, enter change(s) here: *(Add, or additional words, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

If an effective date is stated, the date must be specific and cannot be prior to date of filing or later than 90 days after filing (Pursuant to 19C-207(b)(3)).
Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(a) The 90th day after the record is filed.

Dated June 16, 2017

Ken Stacy
Signature of a member or authorized representative of a member

Ken Stacy, President

Type (or print) name of signer

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STATE OF FLORIDA