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Amendment to Application for Registration

	State of Rhode Island Department of State	- Business Services Division	20.	ALL CALL		
Amendment to Application for Registration FOREIGN Limited Liability Company \rightarrow Filing Fee: \$50.00 Duration of DICL 7.40, 53 the updet is a limited liability company backy						
\rightarrow Filing	→ Filing Fee: \$50.00					
Pursuant to the provisions of RIGL 7-16-52 the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:						
1. Entity	y ID Number:	2. The name of the limited liability company	iy is:			
0008	16667	Intrado Communications Holdings, LLC				
3. If the entity's name is changing, state the new name: Hypercube Networks Holdings, LLC						
			Check the box to in	dicate no change 🔲		
3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:						
		nged in the home state, complete the follow	ing section: CHECK ON	NE BOX ONLY		
Perpetual (on-going)						
	Date certain for dissolution Check the box to indicate no change 🗹					
 If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section: 						
			Check the box to in	dicate no change 🔽		
6. If the mailing address is changing complete the following section:						
			Check the box to in	dicate no change 🗹		
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>						
Check	the box to indicate an attact	nment	Check the box to in	ndicate no change 🖌		

MAIL TO: **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 451 - Revised: 8/2023

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8. If the management structure has	s changed, complete the following section:					
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX						
Its member(s) (If you have checked this box, skip to Section 9. DO NOT fill out the chart on the next page.)						
 One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.) 						
MANAGER	ADDRESS					
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Check the box to indicate no change						
9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.						
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.						
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY						
✓ Date received (Upon filing)						
Later effective date (Date must be no more than 90 days from the date of filing)						
Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.						
Type or Print Name of Limited Liability	Date					
Intrado Communications Ho	Sep-14-2023					
Signature of Authorized Person						
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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 06, 2023 12:16 PM

Treg M. Coure

Gregg M. Amore Secretary of State

