



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 9/20/2023 10:58 AM
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Division of Business Filings

P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:

☐ profit corporation (KRS 271B)	☐ nonprofit corporation (KRS 273).
☐ professional service corporation (KRS 274).	☐ business trust (KRS 386).
☒ limited liability company (KRS 275).	☐ limited partnership (KRS 362).
☐ professional limited liability company (KRS 275)	☐ statutory trust (KRS 386)
☐ limited cooperative association	☐ non-profit LLC (KRS 275).
☐ cooperative association	
- The name of the company is: Intrado Communications, LLC
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of Delaware.
- The entity received authority to transact business in Kentucky on 02/12/2001.
- The entity has changed its (check all that apply)

☒ Domicile name to <u>Hypercube Networks, LLC</u>
☒ Name to be used in Kentucky to <u>Hypercube Networks, LLC</u>
☐ Jurisdiction of organization to _____
☐ Period of duration _____
☐ Form of organization _____
☐ Management type: ☒ Member managed ☐ Manager managed
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is _____.

Please indicate the county in which your business operates: County: _____	
<i>To complete the following, please shade the box completely.</i>	
Please indicate the size of your business: ☐ Small (Fewer than 50 employees) ☐ Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: ☐ Women-Owned ☐ Veteran Owned ☐ Minority Owned
Please indicate which of the following best describes your business:	
☐ Agriculture ☐ Wholesale Trade ☐ Public Administration ☐ Other	☐ Mining ☐ Retail Trade ☐ Transportation, Communications, Electric, Gas, Sanitary Services ☐ Services ☐ Manufacturing ☐ Construction ☐ Finance, Insurance, Real Estate

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

DocuSigned by: Signature of Authorized Representative	Louis Brucculeri Printed Name	Authorized Person Title	Sep-14-2023 Date
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FILING INSTRUCTIONS
APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

TYPE OF FORMATION

The entity must indicate if it is a corporation (KRS 271B), a nonprofit corporation (KRS 273), a professional service corporation (KRS 274), a business trust (KRS 386), a limited liability company (KRS 275) or a limited partnership (KRS 362) by checking the appropriate box.

NAME

The business entity name must be exactly as written in the home state and comply with the ending requirements of KRS 14A.3-010.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

WHO MAY SIGN

The document must be signed by an authorized agent.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Secretary of State
PO Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.