Exhibit A Certificate of Authority for Name Change



03/29/16 3141895-001

\$80.00 K

FILED tid: 3211991 SECRETARY OF STATE

March 29, 2016

STATE OF WASHINGTON

For office use only

FOREIGN REGISTRATION AMENDMENT

SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK

1. Entity Information		· · _
Entity Name (as recorded with WA Sec. of State): Cayo Enterprise Networks, LL.C		UBI# (if applicable): 602931160
New Entity Name (if different than above): Voyant Communications, LLC		
If above name not available, name to be used in WA:		
Current Judsdiction of Formation (State or Country): Delaware	New Jurisdiction of Formation:	
Current Entity Type (if LP, indicate whether entity is an LLLP): I.I.C	New Entity Type (if LP, indicate whether entity is an LLLP):	
2. Effective Date		
EffectiveDate: Upon Filing, or SpecificDate:	Enter Specific Date:	(Effective date must be within 90 days AFTER the Certificate of Authority has been filed by Secretary of State)
3. Principal Office Information (must be completed	if changed from current)	
Street Address of Principal Office:		^
City:	State:	Zip:
Mailing Address of Principal Office (if different than above).		
City:	State	Zip:
Street Address of Required Office in Home Jurisdiction (if applicable):		
City:	State:	Zip:
Mailing Address of Required Office in Home Jurisdiction (if different than a	bove):	
City:	State:	Zip:

REQUIRED: if a change is made to the Entity Name, Entity Type or Jurisdiction, a Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.

CORPORATIONS INFORMATION AND ASSISTANCE - (360) 725-0377



WA916 - DI-25'2016 C T Filing Manager Online

Registered Agent is a: Commerce (must select one)	cial Registered Agent	Non-Commerc	ial Registered Agent
orrent or New Registered Agent Name:			
hysical Address in WA (required if non-commercial reg	nistered agent):		
ily:		State:	ζίρ:
Mailing Address in WA (optional):			
Crty:	•	State:	Zip:
CONSENT TO	SERVE AS REGISTER	RED AGENT:	
I consent to serve as Registered Agent it will be my responsibility to accept Ser and to immediately notify the Office of the	vice of Process on behalf	f of the entity; to for	ward mail to the entity;
Signature (required if agent has changed)	Print Name	Title	Date
	lities of perjury, and is, to t	he best of my knowle	edge, true and correct.
5. Executor Information This record is hereby executed under pena Signature (required)	Secitt Sawall Print Name		edge, true and correct.
Signature (required): RETURN COMPLETED FORM AND PARENT CAPITOL Way S PO Box 40234	Sec. IT SAW412. Print Name AYMENT TO:	Gayava (Conse Title All f All payments mi	bate ees are non-refundable. ust be in US currency or drawn on a US bank.
Signature (required) RETURN COMPLETED FORM AND PA	Sec. IT SAW412. Print Name AYMENT TO:	Gayava (Conse Title All f All payments mi	Date ees are non-refundable. ust be in US currency or
Signature (required): RETURN COMPLETED FORM AND PARENT CAPITOL Way S PO Box 40234	Sec. IT SAW412. Print Name AYMENT TO:	Gayava (Conse Title All f All payments mi	ees are non-refundable. ust be in US currency or drawn on a US bank. oney Orders payable to:

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VOYANT COMMUNICATIONS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4156637 8300

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 202005545

Date: 03-18-16