

Attachment A

Amended Authorization to Transact Business



<u>Physical/Overnight address</u>	<u>Mailing Address</u>
801 Capitol Way S	PO Box 40234
Olympia, WA 98501-1226	Olympia, WA 98504-0234
Tel: 360.725.0377	www.sos.wa.gov/corps

Office of the Secretary of State
Corporations & Charities Division

Secretary of State
State of Washington
Date Filed: 04/04/2023
Effective Date: 04/04/2023
UBI No: 603 105 516

This Box For Office Use Only

- Nonprofit Filing Fee \$20
- All Other Entity Types Filing Fee \$30
- To Expedite Filing, Add \$50

AMENDMENT OF FOREIGN REGISTRATION STATEMENT

RCW 23.95

All fields required unless otherwise specified

(1) UBI No.: 603 105 516

(2) NAME OF FOREIGN BUSINESS: (as currently recorded with the Office of the Secretary of State)
Hudson Fiber Network Inc

(3) BUSINESS TYPE CHANGE:

Are you changing your business type? (Check one) Yes No

If Yes, select the change being made:

- | | |
|---|---|
| <input type="checkbox"/> PROFIT CORPORATION | <input type="checkbox"/> CREDIT UNION |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> COOPERATIVE ASSOCIATION |
| <input type="checkbox"/> NONPROFIT CORPORATION | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION |
| <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> INSURANCE COMPANY |
| <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP | |
| <input type="checkbox"/> LIMITED LIABILITY LIMITED PARTNERSHIP | |
| <input type="checkbox"/> PROFESSIONAL SERVICE CORPORATION | |
| <input type="checkbox"/> PROFESSIONAL LIMITED LIABILITY COMPANY | |
| <input type="checkbox"/> NONPROFIT PROFESSIONAL SERVICE CORPORATION | |
| <input type="checkbox"/> PROFESSIONAL LIMITED LIABILITY PARTNERSHIP | |
| <input type="checkbox"/> BANK CORPORATION | |
| <input type="checkbox"/> BANK LIMITED LIABILITY COMPANY | |

(4) BUSINESS NAME CHANGE: Are you changing your business name? (Check one) Yes No

New Name: ExteNet Telecom Solutions, Inc.

Does the business have a name reserved? (Check one) Yes No

If Yes, provide the Name Reservation Number and Name

Reservation Number: _____

Reserved Name: _____

(5) DOING BUSINESS AS (DBA) NAME: RCW 23.95.525

If above name is not available, enter a name to be used in Washington State.

(6) JURISDICTION: *Required only if changed*

Country: _____

State: _____

(7) PRINCIPAL OFFICE: *Required only if changed*

Principal Office Street Address
(Must be a physical address; No PO Box or PMB)

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Mailing Address (optional)

Check if mailing address is the same as street address

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Phone: _____ Email: _____

(8) GOVERNOR(S): *Required only if changed*

List at least one. Attach additional pages if necessary. NOTE: A business cannot serve as its own Governor.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

(9) PERIOD OF DURATION IN HOME JURISDICTION: *Required only if changed* Check ONE of the following

This Company shall have a perpetual duration This Company shall have a duration of _____ years.

This Company shall expire on _____

(10) Has your registered agent changed? (Check one) YES NO If Yes, complete page 3

NEW REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

Please complete ONE type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> Individual: _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Business: _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Office or Position: _____	Do not list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
<p>Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB)</p> Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____ City: _____	<p>Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address</p> Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____ City: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent **Printed Name/Title** **Date**

(11) NATURE OF BUSINESS: *Required only if changed*

Briefly describe the type of business your business conducts in the state of Washington:

(12) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

Date of filing Specify a Date _____ (cannot be more than 90 days following received date)

(13) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

(14) POSTAL MAIL OPT-IN: By checking the box the business and Registered Agent will not receive email notifications

The business wants to receive all notifications to the Registered Agent by postal mail

(15) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

DocuSigned by:

H. Anthony Lehr

Anthony Lehr, Secretary

1/18/2023

Signature of Authorized Person

Printed Name/Title

Date

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**EXTENET TELECOM SOLUTIONS, INC.
0400230408**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 06, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
23rd day of January, 2023*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6139545356

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp