

FILED

APPLICATION TO AMEND A STATE-ISSUED CERTIFICATE OF PUBLIC UTILITY
AUTHORITY FOR CABLE AND/OR VIDEO SERVICE

- 1) Name of Certificate holder Verizon Florida LLC
- 2) Address of Certificate holder: 610 Zack Street, Tampa, FL 33602
- 3) Statement of Amendment(s):
- ☐ a) Change in Service Area. Notification of Commencement is required within five business days after first providing service in each additional areas. Please provide a description of the new service area consistent with s.610.104(2)(e)5 Florida Statutes, and effective date of Commencement of Operations. (Please include all service areas.) List existing areas first and new areas last. Use attached pages if necessary
- ☐ b) Notice of Transfer of Interest. Notification is required within fourteen business days following completion of transfer. Please provide the name and address of any successor in interest.
- ☒ c) Other: (change of address or contact person)
- Contact change of address and telephone number.
Michelle A. Robinson, Vice President-Legal, Verizon, One Verizon Place, 2nd Floor, Alpharetta, GA 30004 -- Telephone 678-339-5080
- ☐ d) Notice to Terminate Service.
Effective Date: _____

Dulaney L. O'Roark III, Vice President, General Counsel and Secretary

Printed Name and Title

Signature

Date

CF04(04/12)

Division of Corporations, Cable and/or Video Franchising
PO Box 5678, Tallahassee, Florida 32314



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RICK SCOTT
Governor

KEN DETZNER
Secretary of State

June 27, 2014

Michelle A. Robinson
President
Verizon Florida, LLC
5055 North Point Parkway
Alpharetta, Georgia 30022

Re: Verizon Florida, LLC
CV07-0008

Dear Ms. Robinson:

We received your request to amend your State-Issued Certificate of Franchise Authority for cable and/or video service. Your amendment has been accepted. An amended certificate is attached.

The Federal Communication Commission's Cable Act Reform 47 C.F.R. 76.952 states that "all cable operators must provide to the subscribers the name, mailing address and phone number of the franchising authority, unless the franchising authority in writing request that cable operator to omit such information."

Since we are not authorized to regulate cable activities, the Department of State, Cable and/or Video Franchise Section, requests certificate holders to omit the department's name and contact information from the monthly billing inserts to subscribers. The Department of State does not have any authority to resolve customer service complaints. The Department of Agriculture and Consumer Services is responsible for responding to customers' complaints.

If you should have any questions, please call us at (850) 245-6010.

Rebekah White
Video and/or Cable Franchise Section

Encl.



CV 07-0008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

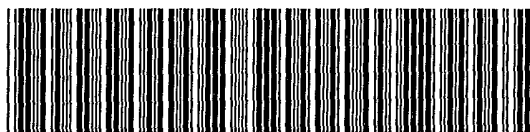
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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