

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Hargray of Florida, Inc., identification number CV19-0036 issued on 05/19/19, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 11/24/2021:

Service areas are described in the attached true and correct copy of the document.

I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

This grant of authority is subject to lawful operation of the cable or video service by the applicant or its successor in interest.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the Fifth day of November 24, 2021.



Laurel M. Lee

Laurel M. Lee

Secretary of State

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

1) Name of Certificate holder Hargray of Florida, Inc.

2) Address of Certificate holder: 870 William Hilton Parkway, Building C, Hilton Head Island SC 29928

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

Existing: Clay County, Green Cove Springs, Orange Park, Penney Farms, Duval County, Jacksonville, Jacksonville Beach, Nassau County, Yulee, Callahan, Nassau Village-Ratliff, Fernandina Beach, Amelia Island
New: Columbia County



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)



d) Notice to Terminate Service.

Effective Date: _____

Jean Thaxton-Sr. Mgr., Regulatory

Printed Name and Title

Jean Thaxton
Signature

11/20/2021
Date

2021 NOV 24 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RON DESANTIS
Governor

LAUREL M. LEE
Secretary of State

November 24, 2021

Jean Thaxton-Sr. Mgr., Regulatory
Hargray of Florida, Inc.
870 William Hilton Parkway, Building C
Hilton Head Island, SC 29928

Re: Hargray of Florida, Inc.
CV19-0036

Dear Ms. Thaxton:

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.

Mel Solomon
Video and/or Cable Franchise Section

Encls.

CV 19-0036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

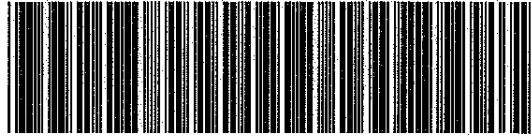
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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