

State of Florida



Department of State

Certificate of Franchise Authority

I certify that IQ Fiber, LLC, identification number CV21-0040, issued on 09/09/2021, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 5/31/23:

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 Thirty-First day of May 2023.



CR2E022 (01-11)


Cord Byrd
Secretary of State

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

- 1) Name of Certificate holder IQ Fiber, LLC
- 2) Address of Certificate holder: 8787 Perimeter Park Blvd
Jacksonville, FL 32216

- 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

All Municipalities and Unincorporated Areas within Duval County, All Municipalities and Unincorporated Areas within Nassau County, All Municipalities and Unincorporated Areas within Clay County, All Municipalities and Unincorporated Areas within St. Johns County, All Municipalities and Unincorporated Areas within Alachua County, All Municipalities and Unincorporated Areas within Marion 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: _____

Ted Schremp, President and CEO

Printed Name and Title

Signature

May 30, 2023

Date

Division of Corporations, Cable and/or Video Franchising
CF04(05/17) PO Box 6327, Tallahassee, Florida 32314

2023 MAY 31 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT *of* STATE

RON DESANTIS
Governor

CORD BYRD
Secretary of State

May 31, 2023

Ted Schremp
Chief Executive Officer
IQ Fiber, LLC
25 North Market Street, Suite 123
Jacksonville, FL 32202

Re: IQ Fiber, LLC
CV21-0040

Dear Mr. Schremp:

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

Encl.

CV21-0040

(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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TALLAHASSEE, FLORIDA

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