

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Cox Communications Gulf Coast, LLC identification number CV07-0012 issued on 08/21/07, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 03/23/21:

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 Twenty Third day of March 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 Cox Communications Gulf Coast, LLC.
- 2) Address of Certificate holder: 3405 McLemore Drive Pensacola, FL 32514

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

Escambia County, Pensacola, Santa Rosa County, Walton County, Cinco Bayou, Shalimar, Mary Esther, Niceville, Crestview, Destin, Okaloosa, Freeport, Navarre, Newberry, Gainesville, Ocala, Alachua County, Marion County, Fort Walton Beach in Florida and adding Valparaiso, Florida.

- ☐ 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)

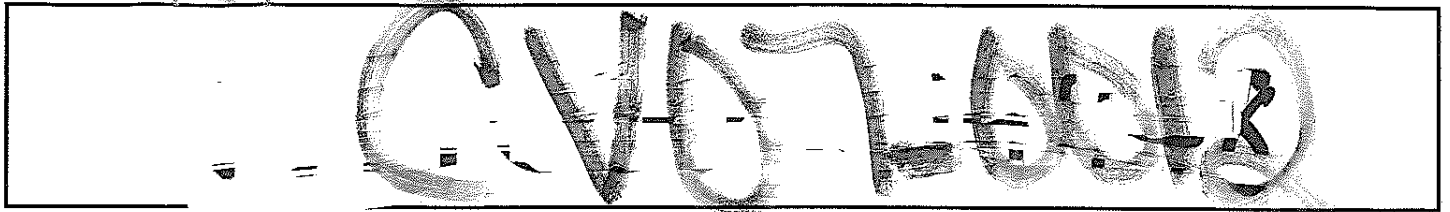
- ☐ d) Notice to Terminate Service.  
Effective Date: \_\_\_\_\_

Anthony Pope, SVP and Region Manager, Cox

Printed Name and Title

Signature

Date



\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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