K93606

(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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COVER LETTER

TO: Amendment Section Division of Corporations

ALLEN OF CORROR	Atlantic Teleconno	ect, Inc.		
NAME OF CORPOR	K93606			
DOCUMENT NUMB	ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	iter to the following:		
	Michael C. Azar			
-		Name of Contact Persor	1	
-	251 E. Merrill St., Ste. 202	Firm/ Company		
	Birmingham, MI 48009	Address		
-		City/ State and Zip Code		
maza	r@bluewaterep.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Michael Azar		248 at (602-2051	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Atlantic Teleconnect, Inc.		
(Name of Corporation as currently K93606	filed with the Florida Dept. of State)	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation: CM Cable, Inc.		_The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	North Port, FL 34289	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	251 E. Merrill St., Ste. 202	2011
	Birmingham, MI 48009	10 - 1
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	14 H 11: 34
Name of New Registered Agent	<u> </u>	_
(Florida stre	vet address)	-
New Registered Office Address:	(City) , Florida (Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sl	ling additional Arti heets, if necessary).	(Be specific)				
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an amendment i	orovides for an excl	nange, reclassifica	tion, or cancell	ation of issued	shares,	
provisions for im	plementing the amo	endment if not cor	tained in the a	mendment itsel	<u>lf:</u>	
(if not applice	ible, indicate N/A)					
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					- <u>-</u>	_
<u> </u>	<u> </u>					
			_			
			<u> </u>		_ -	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/8/2019	
Signature (By a director, president or other officer – if directors or officers have not been	_
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
1417.4281 AZAD	
(Typed or printed name of person signing)	
CEO/DIRECTOR	
(Title of person signing)	