

M22000009953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

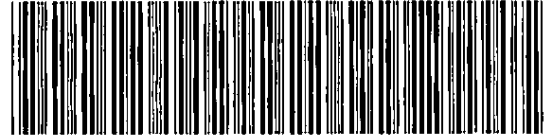
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/04/22--01006--002 \*\*35.00

RECEIVED

AUG 3 PM 1:00

SALLAHASSEE, FLOR.

FIL. 30

2022 AUG -3 AM 10:47

FILE

8/4/2022

Holland & Knight

Requester's Name  
315 South Calhoun Street, suite 600

Address  
Tallahassee, FL 32301 (850)425-5686  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Cablevision Lightpath LLC M22000009953  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

AMENDMENTS

- ☒ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cablevision Lightpath LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Salimbas

Name of Person

Cablevision Lightpath LLC

Firm/Company

1111 Stewart Avenue

Address

Bethpage, New York 11714

City/State and Zip Code

George.Salimbas@lightpathfiber.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Salimbas

Name of Person

at ( 877 ) 544-4872

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

2022 AUG -3 AM 10:47

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Cablevision Lightpath LLC

Enter new principal office address, if applicable:

1111 Stewart Avenue

Bethpage, NY 11714

**(Principal office address**

**MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address**

**MAY BE A POST OFFICE BOX)**

1111 Stewart Avenue

Bethpage, NY 11714

2. The Florida document number of this limited liability company is: M22000009953

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 24, 2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See below

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Chris Morley	1111 Stewart Ave., Bethpage, NY 11714	<input checked="" type="checkbox"/> Add
		Dexter Goei	<input checked="" type="checkbox"/> Remove
GC	Christopher Yost	1111 Stewart Ave., Bethpage, NY 11714	<input checked="" type="checkbox"/> Add
		Michael Olsen	<input checked="" type="checkbox"/> Remove
EVP Fina	Eric Swanholm	1111 Stewart Ave., Bethpage, NY 11714	<input checked="" type="checkbox"/> Add
		Michael Grau	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Christopher Yost*

AGE19E90AAD148E

Signature of the authorized representative

Christopher Yost

Typed or printed name of signee

Filing Fee: \$25.00