## P0/000/22/62

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	D01001221	S FIBER TELEC	COM, INC.
The enclosed Articles of	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	BRIAN BARTON	1	
-		Name of Contact Person	1
	COMPASS FIBE	R TELECOM, I	NC.
=		Firm/ Company	
	955 SORRENT	AVENUE	
-		Address	· · · · · · · · · · · · · · · · · · ·
	ALFORD, FL 32	2420	
•		City/ State and Zip Code	:
bri	an.barton@comp	assfibertelecom	.com
		ed for future annual report	
For further information	concerning this matter, please	e call:	
Brian Bartor	า	at (_432	894-1414
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	urtment 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)
	iing Address		Address Iment Section
Division of Corporations Division of Corporations		on of Corporations	
P.O. Box 6327 Clifton Building		-	
Taila	ihassee, FL 32314		executive Center Circle assee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

## COMPASS FIBER TELECOM, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P01000122162		32
(Documen	t Number of Corporation (if	known)
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this F	dorida Profit Corporation adopts the following ame
A. If amending name, enter the new na	me of the corporation:	The
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designoword "chartered," "professional associat	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbrev o". A professional corporation name must conta
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		955 Sorrento Avenue
		Alford, FL 32420
C. Fater new mailing address, if applie	rahla:	OFF Corrente Avenue
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		955 Sorrento Avenue
		Alford, FL 32420
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of the
Name of New Registered Agent	Brian Barton	
vame of New Registered Agent	955 Sorrento A	venue
	(Florida stre	ei address)
New Registered Office Address:	Alford	, Florida 32420
	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar w SEE ATTACH	ith and accept the obligations of the position.
Sig	nature of New Registered Ap	gent, 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	William Lee Barton	278 Osprey Loop
Add			Alford, FL 32420
Remove			
2) Change	PD	Brian Barton	955 Sorrento Avenue
Add			Alford, FL 32420
Remove			
3) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

January in the control of the contr	ticles, enter change(s) here: (Be specific)
<del></del>	
<del> </del>	
<del></del>	
f an amandmant provides for an evol	house medessification or cancellation of issued shares
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
brovisions for imbrementing the aine	
(if not applicable, indicate N/A)	

The date of each amendment(s) ac	deption: October 4, 2013	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	Oct. 4, 2013	
Signature	Rough Hart	_
	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Brigg Barton	_
	(Typed or printed name of person signing)	<del></del>
	President/Director/ Registered Agent	

(Title of person signing)