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SEP 1 4 2016

R. WHITE

SECRETARY OF SAM

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TELEFONICA US	A, INC.	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
,	JOANNA ROMANO		_
-		Name of Contact Persor	1
•	TELEFONICA USA, INC.		
-		Firm/ Company	
	1111 BRICKELL AVENUE,	10TH FLOOR	
-	•	Address	
	MIAMI, FL 33131		
		City/ State and Zip Code	2
ioanna	a.romano@telefonica.com		
		ed for future annual report	notification)
	,	•	·
For further information	concerning this matter, pleas	se call:	
Joanna Romana		at (925-5300
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

of

16 SEP -6 AM 10: 41

to

TELEFONICA USA, INC.	CTTWTTMT WAS IME
(Name of Corporation as curre	ntly filed with the Florida Dept. of State
P02000132149	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," a word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w 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.

X Change	<u>PT Jo</u>	<u>John Doe</u>		
X Remove	Y M	like Jones		
_X Add	<u> </u>	ally Smith		
Type of Action (Check One)	_Title	Name	<u>Addres</u> s	
1) Change	<u>s</u>	DE FREITAS, FLORENCIA	1111 BRICKELL AVENUE	
Add			10TH FLOOR	
X Remove			MIAMI, FL 33131	
2) Change	S	ROMANO, JOANNA	1111 BRICKELL AVENUE	
X Add	•		10TH FLOOR	
Remove			MIAMI, FL 33131	
3) Change				
Add				
Remove				
4)Change		·		
Add				
Remove				
5) Change			-	
Add				
Remove				
6) Change				
Add				
Remove				

I/A	neets, if necessary).	(Be specific)			
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	rovidee for an excl	hange, reclassificatio	n, or cancellation	of issued shares. ment itself:	
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The date of each ame	ndment(s) adoption:, if other than the
date this document was	s signed.
	IMMEDIATELY
Effective date <u>if appli</u>	cable:
	(no more than 90 days after amendment file date)
	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ate on the Department of State's records.
Adoption of Amendm	ent(s) (CHECK ONE)
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
☐ The amendment(s) must be separately	was/were approved by the shareholders through voting groups. The following statement 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	,n
-J	(voting group)
action was not requ	was/were adopted by the incorporators without shareholder action and shareholder
Date	8/4/2016
	nature Carl A
·	(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)
	Augs Aara. o (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Chief Exemplie Officer (Title of person signing)
	/ (Title of person signifig)