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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations SUBJECT: Amending the Registered Agent PO 40000 753 79 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ason William
(Name of Person) (Name of Firm/ Company) 740 Commerce Avenue For further information concerning this matter, please call: Mason William Miles at (727) 845-3514

(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee ☐ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Street Address

Amendment Section
Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation (Name of corporation as currently filed with the Florida Dept. of State) Po 40000 75379
(Document number of corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing): (must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) (Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

| The date of each amendment(s) adoption: May 13, 2004 |
|---|
| Effective date if applicable: Two me di ate lu (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| ☐ The amendment(s) was/were approved 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. |
| Signed this |

FILING FEE: \$35

(Title of person signing)

DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT

The following is submitted in compliance with the laws of the State of Florida.

STRICTLY SATELLITE, INC., a corporation organized under the laws of the State of Florida, with its principal office located at 6740 Commerce Avenue, Port Richey, FL 34668 has named MASON WILLIAM MILES, III whose address is 120 E. Concord Street, Orlando, Florida 32801, as its Registered Agent to accept service of process within this State.

ACCEPTANCE

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law. I further state that I am familiar with and accept the duties and responsibilities as registered agent for said corporation.

REGISTERED AGENT:

MASON WILLIAM MILES. III

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared Mason William Miles, III to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal this 18th day of May, 2004.

Betty D. Blean

PRINT NAME:

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

Betty D Sieau

My Commission DD291363

Expires February 22, 2008

TYPE OF IDENTIFICATION USED: FI Dalic. M 420 559 64 4050