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| Special Instructions to | Filing Officer: | |
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SECHETARY OF STATE
TALLAHASSEE, FLORINA

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: | Nework Cable Systems In | nc. | |
|----------------------|--|--|---|--|
| DOCUMENT NU | MBER: | ER:P05000110941 | | |
| The enclosed Artic | The enclosed Articles of Amendment and fee are submitted for filing. | | | |
| Please return all co | rrespondence concerning th | is matter to the following: | | |
| | Karen Nigara | | | |
| | N | lame of Contact Person | | |
| | Network Cable Systems Inc. | | | |
| | | Firm/ Company | | |
| | 111 | 8 Edgewood Ave S | | |
| - | | Address | | |
| 1, . | looke | sonville, Florida 32205 | | |
| | | State and Zip Code | | |
| | | , | | |
| | networkcab E-mail address: (to be use | plesyst@bellsouth.net d for future annual report notification) | <u> </u> | |
| For further informa | ation concerning this matter, | please call: | | |
| | Karen Nigara | at (<u>904</u>) <u>25</u> | 2-6900 | |
| Name | of Contact Person | Area Code & Daytime Tele | phone Number | |
| Enclosed is a check | k for the following amount r | nade payable to the Florida Departr | ment of State: | |
| | ☐ \$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) | |
| P.O. Box 63 | t Section Corporations 327 | Street Address Amendment Section Division of Corporations Clifton Building | | |
| Tallahassee | e. FL 32314 | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| | able Systems, Inc | | |
|---|-----------------------------|-----------------------------------|-------------------|
| (Name of Corporation as curre | • | la Dept. of State) | |
| | 000110941 | | - |
| (Document Num | ber of Corporation (if kno | own) | |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | 5, Florida Statutes, this F | Clorida Profit Corporation ado | pts the following |
| A. If amending name, enter the new name of | the corporation: | | |
| name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj | designation "Corp," "In | c," or "Co". A professional c | |
| | P 11 | ž. | |
| B. Enter new principal office address, if appl (Principal office address MUST BE A STREE | | Ā | M 9 |
| | | | £ ≥ . |
| | | AS | _ <u>σ</u> _ π |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | CE BOX) | SE FL | FILED 17 PHI |
| | | DRIDA | ?: 5 9 |
| D. If amending the registered agent and/or renew registered agent and/or the new regis | | in Florida, enter the name of t | <u>he</u> |
| Name of New Paristand Acoust | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | (Florida street | address) | |
| _ | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changin | ng Registered Agent: | | |
| hereby accept the appointment as registered a | | and accept the obligations of the | e position. |
| Si | ignature of New Registere | ed 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------------------------------|--|--|-------------------|
| VP | Charles P. Taylor | 2504 Ambrosia Drive Middleburg Florida 32068 | □ Add ☑ Remove |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | ding or adding additional Articles, dditional sheets, if necessary). (Be | | |
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| | | · · · · · · · · · · · · · · · · · · · | |
| provisi | | e, reclassification, or cancellation of ent if not contained in the amendme | |
| Cancellat | ion of Charles P. Taylor shares | s of ten (10) | |
| | | | |
| Reclassifi | cation of John M. Koelling to sl | hares of twenty (20) | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |

| The date of each amendment(s) a | doption: 6 August 2009 | |
|--|--|---|
| Effective date if applicable: 6 A | ugust 2009 (date of adoptio | n is required) |
| (no | more than 90 days after amend | dment file date) |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ad by the shareholders was/were su | | e number of votes cast for the amendment(s) |
| | | ough voting groups. The following statemen vote separately on the amendment(s): |
| "The number of votes cast | for the amendment(s) was/were | e sufficient for approval |
| by | | |
| (vot | ing group) | |
| The amendment(s) was/were ad action was not required. | opted by the board of directors | without shareholder action and shareholder |
| The amendment(s) was/were ad action was not required. | opted by the incorporators with | nout shareholder action and shareholder |
| Dated 6 Augus | 1 2009 | |
| Signature (By a di | rector, president or other office | r – if directors or officers have not been |
| selected. | by an incorporator - if in the l | hands of a receiver, trustee, or other court |
| appointe | d fiduciary by that fiduciary) | |
| | Leo M. Nau | 20 Shares |
| | (Typed or printed nam | ne of person signing) |
| | \ | 0 |
| , | (Title of person signing) | |
| | (===================================== | |