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Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: Advanced Fiber Op	otics Inc.	
DOCUMENT NUMB	P06000070403		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Donald R. McCarthy		
•		Name of Contact Persor)
	Advanced Fiber Optics Inc.		
-		Firm/ Company	
	5851 nw 123 Ave,		
-		Address	
	Coral Springs , Fl 33076		
•		City/ State and Zip Code	e
mccar	thydon@ymail.com		
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Donald McCarthy		954 at (701-5251
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment 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 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Imment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Advanced Fiber Optics Inc.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P06000070403	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	> v
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	\$27 Z
D. If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office ad-	dress:
Name of New Registered Agent	SE S
	0m 7
(Flori	ida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.
Simplify of A	New Registered Agent, if changing
Signature of N	ren negweren agem, y enungmg

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Devon Diaz	5851 nw 123 Ave
X Add			Coral Springs, FI 33076
Remove			
2) Change			
Add			<u></u>
Remove			AHANSS
3) Change			SE SE
Add			70 1
Remove			I STORY
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
				
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			PX	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	FLORIDA FLORIDA	···	~
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	IDA IDA	57	
()		.*		
				-

The date of each amendment(s) adoption:	, if oth	er than
date this document was signed.		
Effective date if applicable: (no more than 90 days after amendment file date)		_
(no more than 90 days after amenament file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be li	sted as
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted 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.	SF 19	
07/30/2019 Dated	AUG -:	77
Signature Ware Q. M.		Ш
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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)	:57	
Donald R McCarthy		
(Typed or printed name of person signing)	•	_
President		
(Title of person signing)		

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the