## P10000061242

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

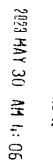
Office Use Only



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SECREPHIA WISTATE





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA            | TION: TD COMP                                    | nunications 1  | network In   | 1 C                                     |                     |
|----------------------------|--|--|--|---|---------------------|
| DOCUMENT NUMBE             | Δ.   |  |  |   |                     |
| The enclosed Articles of   | Amendment and fee are su                         | bmitted for filing.  |  |   |                     |
| Please return all correspo | ondence concerning this ma                       | etter to the following:  |  |   |                     |
| _                          | Kenned   | Name of Contact Person   | 0  |   |                     |
| _                          | TO COV   | MUNICUTION Firm/ Company   | rs network   | <del>=</del> _                          |                     |
| _                          | 1654 Nu  | Britt Red  | (  | _                                       |                     |
|                            | Stuart,  | FC 3499<br>City/ State and Zip Code                              | 4  | <del></del>                             |                     |
| _                          | F-mail address: (16 be us                        | ologranil. Cor<br>sed for future annual report r                 | notification)  |   |                     |
| For further information c  | oncerning this matter, plea                      | se call:   |  | S                                       | 202                 |
| Kenneth                    | Tuccio   | at (772  | , 233-990  | SECRETAL (                              | ₩<br>X              |
| Name of (                  | Contact Person                                   | Area Cod   | e & Daytime Telephone Num  | iber                                    | <u>ω</u>            |
| Enclosed is a check for th | ne following amount made                         | payable to the Florida Depar                                     | rtment of State:   | 77 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - | 30 AH 8             |
| \$35 Filing Fee            | S43.75 Filing Fee & Certificate of Status        | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | SPEE FL                                 | 003 MAY 30 AM 6: 07 |
| Amend                      | g Address<br>Iment Section<br>on of Corporations |  | Address<br>nent Section<br>nof Corporations  |   |                     |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

| TO communications network Inc  (Name of Corporation as currently filed with the Florida Dept. of State)  |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State)   |
| P10000061242   |
| (Document Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:   |
| A. If amending name, enter the new name of the corporation:  |
| The new  |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| 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 address in Florida, enter the name of the  |
| new registered agent and/or the new registered office address:   |
| Name of New Registered Agent   |
| Manne by New Negationetti Agent  |
| Name of New Registered Agent  (Florida street address)   |
| Triorium sireet mauressy   |
| New Registered Office Address:, Florida  |
| STATE  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |
| Signature of New Registered Agent, if changing   |
| Check if applicable  |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Remove

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              | <u>Doe</u>      |                                     |
|----------------------------|----------------------|-----------------|-------------------------------------|
| X Remove                   | <u>V</u> <u>Mike</u> | e Jones         |                                     |
| <u>X</u> Add               | SV Sally             | <u>Smith</u>    |                                     |
| Type of Action (Check One) | <u>Title</u>         | Name            | <u>Addres</u> s                     |
| 1) Change Add              |                      | Kristine Tuccio | 1654 NW BrittRA<br>Stuart, F1 34994 |
| Remove                     |                      |                 |                                     |
| 2) Change                  |                      |                 |                                     |
| Add                        |                      |                 |                                     |
| Remove 3) Change           |                      |                 |                                     |
| Add                        |                      |                 |                                     |
| Remove                     |                      |                 |                                     |
| 4) Change                  | ·                    |                 | 2023 MAY<br>SECRET<br>TALL          |
| Add                        |                      |                 |                                     |
| Remove                     |                      |                 |                                     |
| 5) Change                  |                      |                 |                                     |
| Add                        |                      |                 | O7                                  |
| Remove                     |                      |                 |                                     |
| 6) Change                  |                      |                 |                                     |
| Add                        |                      |                 |                                     |
|                            |                      |                 |                                     |

| If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) |              |                   |       |
|---|--------------|-------------------|-------|
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| if an amendment provides for an exchange, reclassification, or cancellation of issued shares,                           | S            | 282               |       |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  | TAL<br>CIR   | <u>。</u>          | · ;-  |
| 11/19   | SEORETALI AH | 5023 MAY 30       | · • • |
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| The date of each amendment(s) adoption:, if other than the   |
|--|
| date this document was signed.   |
| Effective date if applicable:  |
| (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.   |
| Adoption of Amendment(s) (CHECK ONE)   |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.  |
| ☐ 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 Kenneth Tucci5 (voting group)   |
| (voting group)   |
| Dated 5/24/23 Signature  |
| (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)   |
| (Typed or printed name of person signing)  |
| (Typed or printed name of person signing)  |
| President  |
| (Title of person signing)  |

SECINEDATAL OF STATE TALLANDATEFE, FL