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(Do	ocument Number)	
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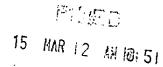
15 MAR 12 AM (8:5)

COVER LETTER

TO: Amendment Section

Division of Corp	orations			
NAME OF CORPO	RATION: Belou Inc			
DOCUMENT NUMBER	BER: P12000003	015		
DOCOMENT NUM	BER:		**************************************	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Lou Fyock			
		Name of Contact Person	1	
	Belou Inc			
		Firm/ Company		
	422 SW 19th S	St		
		Address		
	Cape Coral, Fl	_ 33991		
		City/ State and Zip Cod	•	
lfy	ock@distantlink	c.com		
<u></u>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:	•	
Lou Fyock	_	at (847	373-8804	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtinent of State:	
S35 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)	
	iling Address		Address	
	endment Section ision of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tal	lahassee, FL 32314		xecutive Center Circle	
		1 211211	1350G, P.D. 3430 F	

Articles of Amendment to Articles of Incorporation



Belou Inc

P12000003015	Stort the Dept. of State of the
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Distantlink of Florida Inc	. The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	422 SW 19th St
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33991
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	422 SW 19th St
(17 mans) & state and 11 a dist of 1 a distance of 1 and 1 a	Cape Coral, FL 33991
D. If amending the registered agent and/or registered office ad	Idress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>::s:</u>
Name of New Registered Agent	

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.

422 SW 19th St

(Florida street address)

Signature of New 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</u>	John D	œ	
X Remove	<u>v</u>	Mike Id	ones	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	Title		Name	Address
1) Change	VPD	_	Louis Fyock	422 SW 19th St
Add				Cape Coral, FL 33991
Remove				
2) Change	PD	_	Beatrice Fyock	422 SW 19th St
Add				Cape Coral, FL 33991
Remove		• ,		
3) Change				
Add				
Remove				-
4) Change	·	_ 		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

ch additional sheets, if necessary).	(Be specific)			
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amendment provides for an exc	hange, reclassifi	cation, or cance	llation of issued	shares,
visions for implementing the am	enament II not c	ontained in the	amendinent itse	<u>li.</u>
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)		<u> </u>	 	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) and date this document was signed.	loption:	_, it other than the
Effective date if applicable:		
A supplied to	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
the amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(VOTING group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 01/19/20	015	
Signature	Dus T. Jock	
(By a d selecte	rector, president or other officer — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)	_
	Louis Fyock Louis P. Fyock	_
	(Typed or printed name of person signing)	-
	Vice President	
	(Title of person signing)	