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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUN LINK TELECOMM CON						
OCUMENT NUMBER:						
he enclosed Articles of Amendment and fee are submitted for filing.						
lease return all correspondence concerning this matter to the following:						
DANIEL KING Name of Contact Person SUN LINK TELETOMM Firm/ Company 205 TANAGEN LOAD Address ST. AUGUSTINE GL, 22086 City/ State and Zip Code						
E-mail address: to be used for future annual report notification)						
or further information concerning this matter, please call:						
Name of Contact Person at (90L) 806 599 L Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing Address Street Address						

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

(Name of Corporation as currently filed wit	h the Florida Dept. of	State)			
(Document Number of Corpor	ration (if known)				
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit</i>	Corporation a	dopts the followi	ing amendm	ent(s) to
A. If amending name, enter the new name of the corporat	tion:				
				The ne	
name must be distinguishable and contain the word "cor," "Corp.," "Inc.," or Co.," or the designation "Corp," "Incword "chartered," "professional association," or the abbrev	c," or "Co". A profes	" or "incorportsional corport	prated" or the ation name mus	abbreviatio t contain th	ie -
B. Enter new principal office address, if applicable;	243	5 D	obbs r	CIASS	STED
(Principal office address MUST BE A STREET ADDRESS) ST A.	CUSTIA	15	- • •	
		20014	20.00		
	rlo	161184	<u> </u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AS	ARC	WE_		
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:		, enter the nat	ne of the		
Name of New Registered Agent					
Mante of Tell Register ou Table			-		
(FI	larida street address)		-		
V = P = 14 = 100 = 111 = ==		, Florida			
New Registered Office Address:	(City)	, Florida	(Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	d Agent: amiliar with and accep	t the obligation	as of the position	2014 HAY	77
Signature of New Reg	istered Agent, if chang	ing	- 19 (1) 19 (1) 19 (2)	D -;-	1

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	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nęs</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				····
Add				
Remove				
2) Change	_,	_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add			_	
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				

tach <i>addition</i>	il sheets, if necessary).	(Be specific)			
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n amendme	it provides for an exch implementing the ame	nange, reclassific	ation, or cancella	tion of issued sha	res,
(if not app	icable, indicate N/A)	nument is not co	intainte in the pro	enginent tegen,	
	 				
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date this document was signed.	, ii other than the
Effective date if applicable: 5-5-2014	
Effective date if applicable: 5 - 5 - 20) (no more than 90 days after amendment file date)	
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.	
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) PASIDANT (Title of person signing)	_