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C. GOLDEN FEB 21 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ____NORTHSTAR SATELLITE SERVICES, INC. DOCUMENT NUMBER: P16000008673 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT E MASKELL Name of Contact Person NORTHSTAR SATELLITE SERVICES, INC. Firm/ Company 1999 MERLIN RD Address PENSACOLA, FL 32506 City/ State and Zip Code BOB.MASKELL@NORTHSTARSAT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (480) 241-5705 Area Code & Daytime Telephone Number ROBERT E MASKELL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

File: 1 2018 FF3 20 FM 1: 29

NORTHSTAR SATELLITE SERVICES, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000008673	÷'
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NSSI, CO.	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address:	Florida
Hew Registered Office Address.	(City) (Zip Code)
New Registered Office Address:	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	
nereoy accept the appointment as registered agent. I am jamiliar	with and accept the ootigations of the position.
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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
/A	
110	
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If an amount mount in the control of	and understood at the control of laws of the control of the contro
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
	•

	FEBRUARY 14, 2018
The date of each amendment(s) add date this document was signed.	option:, if other th
N/A	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved 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 fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder
FEBRUAR'	Y 14, 2018
Dated	
	1 40 / 10 a
Signature	160867616
	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
	id fiduciary by that fiduciary)
F	ROBERT E MASKELL
_	(Typed or printed name of person signing)
F	PRESIDENT
_	(Title of person signing)