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2018 JUN 20 PR 1: 03

Amend

JUN 2 1 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WINDSTREAM INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NEIL A.DAMS - IBA Name of Contact Person WINDSTREAM INC Firm/ Company 8601 PLACIDA RD # 3/4/ Address PLACIDA FL 3394/
Address PLACIDA FL 33946 City/ State and Zip Code Windstreamax @ a mail - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NELL ANAMS-TBA at (941) 964 - 0355 Name of Contact Person 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)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Arti	cles of Incorporation of	
WINDST	REAM IN	<u> </u>
(Name of Corporation a	s currently filed with the F	lorida Dept. of State)
P 17	0000035	64
(Document	Number of Corporation (if k	
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	ntutes, this Florida Profit Co.	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration;	
		The new
name must be distinguishable and contain the word "c" "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abbi	Inc," or "Co". A profession	or "incorporated" or the abbreviation onal corporation name must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SSS</u>)	_•
C. Enter new mailing address, if applicable:		SECONDATA SECOND
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		The Total
		STATI LOR
D. If amending the registered agent and/or registered onew registered agent and/or the new registered officers.		ater the name of the
Name of New Registered Agent VE	ELL ADAM	S-IBA
	,	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an		e obligations of the position.
(Signatur	e of New Registered Agent, i	fchanging

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 Doc	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> P</u>	IBA, ALVINR JR.	# 3141
AddX Remove			PLACIDA FL 33946
2) Change X _ Add	P	ADAMS-IBA NELL	8601 PLACIDA #3141
Remove			PLACIDA FL 33946
3) Change Add			
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	

The date of each amendment(s) adoption:	r than the
ane 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 lis document's effective date on the Department of State's records.	ted as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
(voung 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.	
Dated	
(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)	
TBA ALVIN R JR, (Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
INCORPORATOR / PRESIDEUT (Title of person signing)	
(Title of person signing)	_