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(Requestor's Name) (Address) (Address)	60032238486
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	12/26/1801030025 ++33.60
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _

SPACE COAST TELEVISION, INC.

P18000100465 DOCUMENT NUMBER: _

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

P. Todd Kennedy, Esq.

Name of Contact Person

Kennedy & Kennedy, P.L.

Firm/ Company

14 Southeast 4th Street, Ste 36

Address

Boca Raton, FL 33432

City/ State and Zip Code

E-mail address: (to be used for future annual report notification) s/

For further information concerning this matter, please call:

P. Todd Kennedy 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 & 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)

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

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

	Articles of Ame	ndment	
	to		
	Articles of Incorp of	oration	
		TELEVISION INC	
			State)
	- 110000100166	led with the Florida Dept. of	<u>State</u>)
	(Document Number of Co	monition (if in any)	
	(Document Number of CC	rporation (it known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, this Flo	rida Profit Corporation adopt:	s the following amendment(s) t
A. If amending name, enter the new na	me of the corporation:		
			The new
 B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>) C. Enter new mailing address, if applied (Mailing address <u>MAY BE A POST C</u>) 	<u>REET ADDRESS</u>)		FILED
D. If amending the registered agent and new registered agent and/or the new	registered office address:	<u>; in Florida, enter the name o</u>	<u>f the</u>
Name of New Registered Agent	P. Todd Kennedy		
	14 Southeast 4th Street, Suit	le 36	
	(Florida street	address)	
New Registered Office Address:	Boca Raton	. FI	33432
New Registered Office Address.	(Ci		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

P. Jold Kennedy Signature of New Registered Agent, if changing

(City)

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:

_ Remove

.

<u>X</u> Change	<u>b.l.</u>	John Doe	
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
i) Change			
Add			
Remove			
2) Change	<u> </u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change			
Add			

(Attach additie	onal sheets, if necessary),	(Be specific)			
	<u></u>				
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				-	<u> </u>
If an amendi	<u>ment provides for an excl</u>	hange, reclassifica	tion, or cancella <u>ti</u>	on of issued shar <u>es.</u>	
provisions f	or implementing the ame	endment if not con	tained in the ame	ndment itself:	
(if not a	pplicable, indicate N/4)				
	_	<u> </u>		······································	
	<u> </u>				

The date of each amendment(s) adop	otion:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
The amendment(s) was/were approvided for each must be separately provided for each	ved by the shareholders through voting groups. The following statement is how the second statement is the second sec
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
bv	

(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.

Dated

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)

Hendrik Schorel

(Typed or printed name of person signing)

President

(Title of person signing)