P94000072304

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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SECRETARY OF STATE

Amend B

1/2

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION:TELECOM | TELECOM CONNECTION CORP. | | |
|--|--|--|---|--|
| | | | | |
| DOCUMENT NUM | MBER:P940000 | 72304 | | |
| The enclosed Article | es of Amendment and fee a | are submitted for filing. | | |
| Please return all cor | respondence concerning th | is matter to the following: | | |
| | Julie DeM | ore of Contact Person) | <u></u> | |
| | (rane | or contact i disony | | |
| | Telecom Co | nnection; Corp. | 4.0 | |
| <u></u> | (Fi | rm/ Company) | | |
| | 4323 W Bo | ynton Beach Blvd. | | |
| | | (Address) | | |
| | | | | |
| | | ach, FL 33435 tate/ and Zip Code) | | |
| | • | - | | |
| For further informat | ion concerning this matter, | please call: | | |
| Julie DeMo | ore | at (561) 265- (Area Code & Dayti | 1414 ext:227 me Telephone Number) | |
| Enclosed is a check | for the following amount: | | | |
| x□ \$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 Cupy (Additional Cupy is enclosed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | | |

Articles of Amendment to Articles of Incorporation of

FILED 04 AUG 27 PM 12: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Telecom Connection, Corp.

(Name of corporation as currently filed with the Florida Dent. of State)

| (Name of corporation as currently fried with the Florida Dept. of State) |
|--|
| P9400072304 |
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| 1)Name of Registered Agent - see attached |
| 2) Names of Officers and Directors - Delete: Wayne Searson as Preside |
| and delete Kimberly Searson as Vice President. New President to be |
| Jeff-A. McQuillan. |
| |
| |
| |
| |
| |
| (Attach additional pages if necessary) |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| |
| |

(continued)

| The date of each amendment(s) adoption: August 9, 2004 |
|---|
| Effective date if applicable: August 9, 2004 (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved 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. |
| Signed this 23rd day of August , 2004 . |
| 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) |
| Jeff A. McOulllan (Typed or printed name of person signing) |
| President (Title of person signing) |

FILING FEE: \$35

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is sub | of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mitted for a corporation organized under the laws of the State of <u>Florida</u> e its registered office or registered agent, or both, in the State of Florida. |
|--|--|
| 1. The name of the corpora | ation: Telecom Connection Corp. |
| 2. The principal office add | ress: 432A W. Boynton Beach Blvd |
| | Boynton Beach, FL 33435 |
| 3. The mailing address (if | different): |
| | |
| 4. Date of incorporation/qu | ualification: 1994 Document number: P94000072304 |
| 5. The name and street add Florida Department of S | lress of the current registered agent and registered office on file with the state: |
| | Wayne Searson |
| | 432 W. Boynton Beach Blvd. |
| | Boynton Beach, FL 33435 |
| 6. The name and street add (if changed): | lress of the new registered agent (if changed) and /or registered office |
| | Jeff A. McQuillan |
| | 432 A W. Boynton Beach Blvd. |
| | (P.O. Box NOT acceptable) |
| <u> </u> | Boynton Beach, FL 33435 |
| The street address of its reas changed will be identiced | egistered office and the street address of the business office of its registered agent, |
| Such change was authorized by the board, o | zed by resolution duly adopted by its board of directors or by an officer so or the corporation has been notified in writing of the change. |
| (Signature of an office | Jeff A. McQuillan, President (Printed or typed name and title) |
| I heneby accept the appoint I further agree to comply of my duties, and I am fan document is being filed meorporation has been not | ntment as registered agent and agree to act in this capacity. with the provisions of all statutes relative to the proper and complete performance niliar with and accept the obligation of my position as registered agent. Or, if this erely to reflect a change in the registered office address, I hereby confirm that the ified in writing of this change. |
| III c MX | 8/23/04 |
| (Signature of Reg | <u> </u> |
| If signing on behalf of an | entity: |
| | |
| (Typed or Print | ed Name) |

* * * FILING FEE: \$35.00 * * *