## P97-000063029

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	N: Broadca	st Connection	ns, Inc.
DUCUMENT NUMBER:	P970000	63029	
The enclosed Articles of Am	endment and fee are sub	omitted for filing.	
Please return all corresponde	ence concerning this mat	ter to the following:	
<u> </u>		Connections Firm/Company	
	120 La	<u>ce Sears Dr</u>	ive.
	Winter Ha	ven FL 3388 City/ State and Zip Code	<u>'O</u>
<u>E</u>		connections of the contract of	aoutlook.com
For further information conc	erning this matter, pleas	e call:	
Philip M. K Name of Con	eath tact Person	at ( <u>863</u> Area Cod	e & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made p	payable to the Florida Depar	rtment of State;
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendme Division o P.O. Box 6	nt Section f Corporations	Division	Address nent Section n of Corporations ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Broadcast Connections, In	C.
	filed with the Florida Dept. of State)
P9700063029 (Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	NA
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AN
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:  Name of New Registered Agent  120   6   6   6   6   6   6   6   6   6	Keath  Con Do
(Florida stree Nen Registered Office Address. Winter Have	ct address)  , Fioricia 33880  (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the position.
Philip M A Signature of New Res	gistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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. Saily sman is named the v and s. these should be noted as John Doe, vt as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	ST	Kim Bosselman	1510 Crescent Pl.
Add Remove			Lakeland, Fl. 33801
2) X Change Add	PST	Philip M. Keath	120 Lake Sears Dr. Winter Haven, Fl. 338.
Remove Change	<del></del>		
Add Remove 4) Change			
Add Remove			
Add	<del></del>		
6) Change			
Remove			

(Be specific)						
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ange, reclassific	cation, or	cancellation	of issued	shares,		
ndment if not co	ontained i	the amen	<u>dment itse</u>	<u>if:</u>		
3-11-						-
		<del></del> -	<del></del>		-	
	hange, reclassific	hange, reclassification, or	nange, reclassification, or cancellation	hange, reclassification, or cancellation of issued	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	nange, reclassification, or cancellation of issued shares,

The date of each amendment(s) adoption: 8-12-23 date this document was signed.	_, if other than the
Effective date if applicable: 8-12-23	
(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 redocument's effective date on the Department of State's records.	iot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
☐ 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)	
Dated 8-12-23	
Signature Philip 17 Health  (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)	
Philip M. Keath	
(Typed or printed name of person signing)	= = = = = = = = = = = = = = = = = = = =
PST	
(Title of person signing)	<del></del>
	<b></b> -
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