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Alrend. 04-23-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ATLANTIC COAST CABLE CONMUNICATIONS INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VATIUSKA HURLES Name of Contact Person
•
UNITEC
Firm/ Company
IIYOI KNOTWAY
Address
City/ State and Zip Code
City/ State and Zip Code
Khurles or uniterrom Corn
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katiuska Hueles at 305 219 4697 Name of Contact Person Area Code & Daytime Telephone Number
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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

οf

ATLANTIC COAST CABLE (DHMUNICATIONS, INC.			
(Name of Corporation as currently filed with the Florida Dept. of State)				
P98 00002332	2			
(Document Number of Corporation (if				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
UNITECI	NC · The new			
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N. MIAMI FL 33181			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	COOPER CITY FL 33026			
D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street)	otway			
New Registered Office Address: Cooper (City)	Hy , Florida 33026 (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	gent, 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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change		_			
Add			ı N		
Remove			NA		
2) Change	·				
Add			11 1		
Remove			NIT		
3) Change					
Add			11		
Remove			y (1,		
4) Change					
Add					<u></u> .
Remove					
5) Change	·····				
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
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f an amendment pro	vides for an exc	hange, reclassifi	cation, or can	cellation of iss	ued shares,	
provisions for imple (if not applicable		endment if not c	ontained in th	e amendment i	itse <u>lf:</u>	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
-	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 SHANG HOLDERS	
(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 4/10/14	
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)	
KATIUSKA HURLES	
(Typed or printed name of person signing)	
V. PROSIDENT	_
(Title of person signing)	