## 299000045620

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C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION DOCUMENT NUMBER:	DN: SOUTHSTA P9900004562	AR TELECOM, I	NC.
The enclosed Articles of Am	endment and fee are sub	omitted for filing.	
Please return all corresponde	nce concerning this mat	ter to the following:	
Rol	oert N. Altman		
		Name of Contact Person	
Lav	v Offices of Ja	mes J. Altman	
		Firm/ Company	
561	4 Grand Blvd.		
<del></del>		Address	
Ne	w Port Richey,	FL 34652	
		City/ State and Zip Code	;
bob@r	taltmanlaw.co	m	
		ed for future annual report	notification)
For further information conc	erning this matter, pleas	e call:	
Robert N. Altmai	n	at (727	, 848-8435
Name of Cor	ntact Person		de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	343.75 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)
Division of P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SOUTHSTAR TELECON	•		
(Name of Corporation as	currently filed with the Flo	rida Dept. of State	
P99000045620			<b>3</b>
(Documen	t Number of Corporation (if k	(nown)	
ursuant to the provisions of section 607.1 s Articles of Incorporation:	1006, Florida Statutes, this <i>FI</i>	orida Profit Corpor	ution adopts the following an
. If amending name, enter the new na	me of the corporation:		
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional	The 'incorporated' or the abbre corporation name must cont
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
. Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST (			
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>		ss in Florida, enter	the name of the
Name of New Registered Agent	Angela C. Livern	ois	
	12719 Blue Pine	Circle	···········
		at addrass)	······································
	(Florida stree	t dauress)	
New Registered Office Address:	(Florida stree	is uuur essy	Florida 34669

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.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PTD	Thomas P. Livernois	13411 Colony Rd.
Add			Hudson, FL 34669
Remove			
2) Change	PTSD	Angela C. Livernois	13411 Colony Rd.
Add			Hudson, FL 34669
Remove			<del></del>
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	<del></del>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

		, 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/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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)	
<i>'</i>	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	1/30/14	
	angela C. Lucraa.	
Signature		
(E se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
(E	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
(E	elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	

. . . .