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SECRETARY OF STATE
TALLAHASSEEL FLORINA

Amend

JUN 1 6 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	WILLIA	ms BRAADCAS	T COMMUNICATIONS, INC
DOCUMENT NUMBER:	HNKNOWN	- 582130	
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
	MICHAEL	WILLIAMS Name of Contact Person	
		Name of Contact Person	
_ W	ILLIAMS 1	3 ROADCAST CO.	MMUNICATIONS, INC.
145	29 FEATH	HOR SWUND BRS Address	VE
<u>C4</u>	EARWATE	City/ State and Zip Code	62
		City/ State and Zip Code	
wb	co tampa	ed for future annual report	<i>*</i> ***********************************
E-m	iail address: (to be us	ed for future annual report r	notification)
For further information concern	ing this matter, pleas	e call:	
MICHAEL D.	WILLIAM	15 at (727	, 572-7589
Name of Contac	t Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Depar	rtment of State:
\$35 Filing Fee \$4	3.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
	ertificate of Status	Certified Copy	Certificate of Status
		(Additional copy is enclosed)	Certified Copy (Additional Copy
		one logouj	is enclosed)
Mailing Add	ress	Street #	Address
Amendment Section		Street Address Amendment Section	
Division of Company is a		ministra.	

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

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

Articles of Amendment to Articles of Incorporation of

WILLIAMS BROADCAST CO.	MMUNICATIONS, INC.
	filed with the Florida Dept. of State)
WAKNOWH S82	30
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Statutes of Statutes,	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	NIA
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 "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N A
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	N/A TRECRISE TO
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	72:
Name of New Registered Agent	NA E TO
(Florida stree	t address)
New Registered Office Address:	. Florida
	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	.l.
Signature of New Res	Sistered Agent, 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)

 \subseteq

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)	Title	Name	<u>Addres</u> s
1) Change	P	MICHAEL WILLIAM	S 14529 Feather Sound Dr
Add			S 14529 Feather Sound Dr Clearwater, FL 33762
Remove			
2) Change	- 		
Add			
Remove		,	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
•	
. `	
	
if an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
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:
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The date of each amendment(s) adoption:date this document was signed.	N/A	, if other than the
• · · · · · · · · · · · · · · · · · · ·	1/0	
Effective date <u>if applicable</u> : (n	no more than 90 days after amendment file date	?)
Note: If the date inserted in this block does not a document's effective date on the Department of States	meet the applicable statutory filing requiremente's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximation.	reholders. The number of votes cast for the arr	nendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro		
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	
by(voting	group) ."	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the inconaction was not required.	orporators without shareholder action and share	eholder
Dated6-7-20		
Signature (By a director, presider selected, by an incorpo appointed fiduciary by	nt or other officer – if directors or officers have orator – if in the hands of a receiver, trustee, or that fiduciary)	not been other court
Mic	HAEL D. WILLIAMS	
(Туј	ped or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	