I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L01000010657

Entity Name: KABLELINK COMMUNICATIONS, LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

5510 N HESPERIDES ST TAMPA, FL 33614

Current Mailing Address:

5510 N HESPERIDES ST TAMPA, FL 33614

FEI Number: 59-3727831

Name and Address of Current Registered Agent:

ALVAREZ, RICK 3014 WEST PALMIRA AVE SUITE 202 TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE | : RICK ALVAREZ | | | 05/02/2016 |
|-------------------------------|--|-----------------|----------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGRM | Title | MGRM | |
| Name | CUFFE, CRAIG | Name | GESKE, TIMOTHY | |
| Address | 5510 N HESPERIDES ST | Address | 5510 N HESPERIDES ST | |
| City-State-Zip: | TAMPA FL 33614 | City-State-Zip: | TAMPA FL 33614 | |

05/02/2016 SIGNATURE: CRAIG CUFFE MGRM

FILED May 02, 2016 Secretary of State CC8308596447

Certificate of Status Desired: Yes

Date