657748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG - 9 2013
EXAMINER

RECEIVED
DEPARTMENT OF STATE
13 AUG -8 PM 4:02

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SCM Space Coast Management, Inc

_____ Art of Inc. File_____________
_____ LTD Partnership File_____________
_____ Foreign Corp. File_____________
_____ L.C. File_____________
_____ Fictitious Name File_____________
_____ Trade/Service Mark_____________
_____ Merger File_____________
_____ Art. of Amend. File_____________
_____ RA Resignation_____________
_____ Dissolution / Withdrawal_____________
_____ Annual Report / Reinstatement_____________
_____ Cert. Copy_____________
_____ Photo Copy_____________
_____ Certificate of Good Standing_____________
_____ Certificate of Status_____________
_____ Certificate of Fictitious Name_____________
_____ Corp Record Search_____________
_____ Officer Search_____________
_____ Fictitious Search_____________
_____ Fictitious Owner Search_____________
_____ Vehicle Search_____________
_____ Driving Record_____________
_____ UCC 1 or 3 File_____________
_____ UCC 11 Search_____________
_____ UCC 11 Retrieval_____________
_____ Courier_____________

Signature

Requested by: Seth

Name	Date	Time
	08/08/13	

Walk-In __________ Will Pick Up __________

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SCM Space Coast Management, Inc.

DOCUMENT NUMBER: 657748

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin P. Markey
Name of Contact Person

Kevin P. Markey, P.L.
Firm/ Company

7406 N. Atlantic Ave.
Address

Cocoa, FL 32922
City/ State and Zip Code

kristin@kevinpmarkey.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin P. Markey at (321) 631-0758

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
- ☐ $43.75 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)

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

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

13 AUG -8 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S.C.M. Space Coast Management, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

657748

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_______________ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

102 W. Central Blvd.
Cape Canaveral, FL 32920

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

46 River Falls Drive
Cocoa Beach, FL 32931

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Kevin P. Markey, P.L.

96 Willard Street, Suite 106
(Florida street address)

New Registered Office Address: Cocoa, *(City)*, Florida 32922 *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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)

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X Remove	P	Lesley K. Studholme	7406 N. Atlantic Ave. Cape Canaveral, FL 32920
2) ___ Change X Add ___ Remove	P	John Gal	102 W. Central Blvd. Cape Canaveral, FL 32920
3) ___ Change ___ Add X Remove	V	Lesley K. Studholme	7406 N. Atlantic Ave. Cape Canaveral, FL 32920
4) ___ Change X Add ___ Remove	V	John Gal	102 W. Central Blvd. Cape Canaveral, FL 32920
5) ___ Change ___ Add X Remove	T	Lesley K. Studholme	7406 N. Atlantic Ave. Cape Canaveral, FL 32920
6) ___ Change X Add ___ Remove	T	John Gal	102 W. Central Blvd. Cape Canaveral, FL 32920

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(Attach *additional sheets, if necessary). *(Be specific)*

F. <u>If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:</u>
(*if not applicable, indicate N/A*)

The date of each amendment(s) adoption: July 31, 2013 ________, if other than the date this document was signed.

FILED

Effective date if applicable: July 31, 2013

13 AUG -8 AM 8:36

(no more than 90 days after amendment file date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 ______________________________."
(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 August 8, 2013

Signature John Gal

(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)

John Gal
(Typed or printed name of person signing)

President
(Title of person signing)