

FOA 000000 1122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

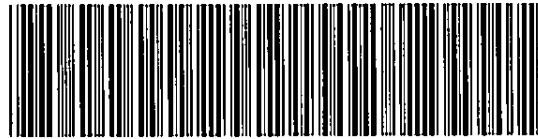
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR - 5 2025

Office Use Only



300447848893

FILED

2025 APR -4 AM 11:50

RECEIVED

2025 APR -4 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 04/04/25
Order #: 1904447-5
Re: L3Harris Aviation Products, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in cursive script, likely belonging to Shauna Godbolt, is written over the "Please take the following action:" section.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F04000001122
(Document number of corporation (if known))

FILED
2025 APR -4
PM 11:07

1. L3Harris Aviation Products, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 3/1/2004
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. Acron Aviation, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VD	Surangi, Epasinghe		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
T	Toni, George L		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Officer	James, Krejca Nathaniel		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
PSD	Scott, Mikuen, T		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
VD, Offic	Corliss, Montesi		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

 (Signature of a director, president or other officer - if in the hands of
 a receiver or other court appointed fiduciary, by that fiduciary)

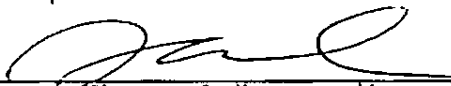
 (Typed or printed name of person signing)

 (Title of person signing)

FILING FEE \$35.00

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
A/S	Michele, St. Mary T		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
PD	Alan Crawford	5353 52nd St. SE	<input checked="" type="checkbox"/> Add
		Grand Rapids, MI 49512	<input type="checkbox"/> Remove
VD	Kris Ganase	5353 52nd St. SE	<input checked="" type="checkbox"/> Add
		Grand Rapids, MI 49512	<input type="checkbox"/> Remove
SD	Robert F. Cuva	5353 52nd St. SE	<input checked="" type="checkbox"/> Add
		Grand Rapids, MI 49512	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Alan Crawford

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

AMEND-243655

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "L3HARRIS AVIATION PRODUCTS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ACRON AVIATION, INC." ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2025, AT 9:42 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACRON AVIATION, INC." WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 1968.



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

677210 8320
SR# 20251334065

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203322877
Date: 04-01-25