G04864

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: SEMINOLE FLYI	NG & SOARING INC			
	UMBER: G04864				
	cles of Amendment and fee are su	bmitted for filing.			
Please return all c	orrespondence concerning this ma	tter to the following:			
	MIHALTANJALA				
	Name of Contact Person				
	SEMINOLE FLYING & SOARING INC				
	Firm/ Company				
	4024 SOARING LANE				
	Address				
	CLERMONT, FL 34714				
		City/ State and Zip Code	e		
	OFFICE@SOARFL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further inforn	nation concerning this matter, plea	se call:			
MIHAI TANJAL	Λ	aı (<u>352</u>	394-5450		
Na	nne of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fe	ee □\$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	Amend Division The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation of

(Name of Corporation as current	y filed with the Florida Dept. of State)
G04864	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," " Inc.," or Co.," or the designation "Corp," "Inc," or "Co", / 'chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word 🥏
	, a
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
	=======================================
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•••
(Maining address MAT M. AT OST OT CROSS MON)	
). If amending the registered agent and/or registered office add	roce in Florida, antar the name of the
new registered agent and/or the new registered office address	
Manager CN and Design and Associated	
Name of New Registered Agent	
What have	cet address)
(Pioriau Si	ver address)
New Registered Office Address:	(City) (Zip Code)
	(Exp Cinter
lew Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Commentenes of Misses D	legistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>Jo</u> l	hn Doe	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	RICHARD OWEN	13340 LAKE TURNBERRY CIRC
X Add			ORLANDO FL 32828
Remove			
2) Change			
Add			= = =
Remove 3) Change			
Add			<u> </u>
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s)	idoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	opted by the shareholders. The number of votes cast for the amoufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The followin reach voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	· · · · · · · · · · · · · · · · · · ·
by		·
	(voting group)	
0.0 10.0 10.0 0	-	- `.
09/28/202 Dated	3	-: 47
Signature	Minjacz	-
(By a	lirector, president or other officer - if directors or officers have	
	ed, by an incorporator – if in the hands of a receiver, trustee, or cotted (iduciary by that fiduciary)	ther court
-1-1	MIHAI TANJALA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	