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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SILVER EXPRES	ss co	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	BOGDAN EPURE		
•		Name of Contact Person	n
	SILVER EXPRESS CO		
-		Firm/ Company	
	P.O. BOX 165505		
•		Address	, , , , , , , , , , , , , , , , , , ,
	MIAMI, FL 33116		
•		City/ State and Zip Cod	e
OFFI	CE@FLYINGACADEMY.C	OM	
	-	sed for future annual report	notification)
	,	•	,
For further information	concerning this matter, pleas	se call:	
BOGDAN EPURE		at (255-8753
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 16 MAR 10 PM 8: 12

SILVER EXPRESS CO

SECRETARY OF STATE

	tly filed with the Florida Dept. of State
G95247	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
P. Enter now principal office address if applicable.	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
Name of New Registered Agent	
Nume of New Registered Agent	
	treet address)
	reet address), Florida (City) (Zip Code)

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	PT Jo	hn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	SV S	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	LEOS VYBIRAL	MERHAUTOVA 22
X Add			BRNO, CZECH REPUBLIC
Remove			613 00
2) Change	-10/7-12-13-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Add			
Remove			,
3)Change			
Add			
Remove			
4) Change		***	
Add			
Remove			
5) Change		****	
Add			
Remove			
6) Change			
ChangeAdd	·	97-99-144-14	
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
,	
· · · · · · · · · · · · · · · · · · ·	
•	
, , , , , , , , , , , , , , , , , , , 	
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) N/A	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adopt	ion:, if other than the
date this document was signed. 03/07/20	114
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
03/07/2016	
Dated	
Signature	SSurg
(By a direct	or, president or other officer - if directors or officers have not been
	an incorporator — if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
ВО	GDAN EPURE
	(Typed or printed name of person signing)
DIR	RECTOR OF OPERATIONS
	(Title of person signing)