H32301

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A. BUTLER NOV 16 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BROWN HELICO	PTER INC					
DOCUMENT NUMBER: H32301							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
J	OHN LANE						
_	Name of Contact Person						
Ī	BROWN HELICOPTER INC						
-		Firm/ Company					
1	10100 AILERON AVE						
_	Address						
Į.	PENSACOLA, FL 32506						
		City/ State and Zip Code	2				
,	ACCOUNTS@BROWNHEL	JCOPTER.COM					
-	E-mail address: (to be us	sed for future annual report	notification)				
For further information	concerning this matter, pleas	se call:					
JOHN LANE		at (<u>850</u>	455-0971				
Name of 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	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BROWN HELCIOPTER INC (Name of Corporation as currently filed with the Florida Dept. of State 3 HOV -2 AH 10: 23 H32301 (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: N/A 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." 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 MAY BE A POST OFFICE BOX) 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 (Florida street address) _, Florida_ New Registered Office Address: (Zip Code) (City) 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

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)

Example:

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>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
1) Change	ST	KRISTIN MAJEWSKI	217 BERRY RD			
X Add			PENSACOLA, FL 32507			
Remove						
2) Change		_				
Add						
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

E. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) (Be specific)	here:		
N/A	, =			
 				
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F. If an amendment provides for an exclusions for implementing the ame	<u>hange, reclassification</u> endment if not contain	<u>n, or cancellation of issi</u> ned in the amendment	ued shares, itself:	
(if not applicable, indicate N/A)	and the transfer of the transf			
N/A				
	-		·	
				-
		<u> </u>		
				

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10.27.23	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
10.27.23	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action at action was not required.	id shareholder
☐ 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 east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated	
(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 LANE	
(Typed or printed name of person signing)	-
DCFO	
(Title of person signing)	