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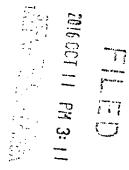
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Amend/reame Ch8

> OCT 13 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	JN, INC.		
DOCUMENT NUMI	BER:			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	JENNIFER H. COPUS, ESQ			
		Name of Contact Person		
	COPUS & COPUS, P.A.			
	Firm/ Company			
	1186 EGLIN PARKWAY			
	Address			
	SHALIMAR, FLORIDA 325	79		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code		
JEN!	NIFER@COPUSLAW.COM			
	_	ed for future annual report n	otification)	
For further informatio	n concerning this matter, pleas	e call:		
JENNIFER H. COPUS, ESQ.		at (609-1499	
Name of Contact Person			e & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depar	tment 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		Division Clifton I 2661 Ex	nent Section of Corporations	



Articles of Amendment to Articles of Incorporation of

TEPPER AVIATION, INC.			
(Name of Corporation	as currently filed with the Florid	a Dept. of State)	
J81428			
(Document)	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Florida Profit Corpora</i>	ation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corp	poration:		
GULF AIR GROUP, INC.			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professional of		
B. Enter new principal office address, if applicable:		<u></u>	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>PESS</u>)	:-1 100	23
		-5	
		Supplied to the supplied to th	
C. Enter new mailing address, if applicable:		()	
(Mailing address MAY BE A POST OFFICE BOX)		144-3	 in
		· , , , , , , , , , , , , , , , , , , ,	
		, 11,	
D. If amending the registered agent and/or registered		he name of the	
new registered agent and/or the new registered of	ince address:		
Name of New Registered Agent			-
			_
	(Florida street address)	•	
New Registered Office Address:		, Florida	
	(City)	(Zip	Code)
Non-Books and Association in the Control of the Con	A sell Assessed		
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It		igations of the position.	
The second appearance as regione a agent 1	any animal in the ana accopt the out	- Omitain of the bounding	
			_
Signat	ture of New Registered Agent, if cha	nging	

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: XChange	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	D	DAVID RABY	261 PALMER ROAD	
X Add			MADISON, AL 35758	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			- <u></u>	
Remove				
6) Change				
Add				
Remove				

attach additional sheets, if necessary).	(Be specific)	
.		
		
		
an amendment provides for an excl	change, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(ij noi applicable, matetale (1171)		

•	FEBRUARY 11, 2016	
The date of each amendmen date this document was signed	t(s) adoption;	_, if other than the
date this document was signed	NOVEMBER 1, 2016	
Effective date if applicable:	, , , , , , , , , , , , , , , , , , ,	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/weby the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wes must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated(00T 2016 1. 7	
Signature	m Chine	_
	by a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
al šć	oppointed fiduciary by that fiduciary)	
·		
	- lim Khyne	
	(Typed or printed name of person signing)	
	V/CC2	
	T2581DPAT/(20	
	(Title of person signing)	