02/24/2012 11:59 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000049696 3)))



H120000498963ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number :

110450000714

Phone

(850)222-1173

Fax Number

(850) 224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN

AIR AMBULANCE PROFESSIONALS, INC.

Certificate of Status

Certified Copy

1

Page Count

05

Estimated Charge \$43.75

refore - Fax que

audit #

#H12000049705 3

Electronic Filing Menu

Corporate Filing Menu

Help.

H120000496963

Articles of Amendment to Articles of Incorporation of

Air Ambulance Professionals, Inc. (Name of Corporation as correctly filed with the)	Horida Dant, of State)	•
L31643		
(Document Number 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	smendment(s) to
A. Mamending name, enter the new name of the corporation: BDDN, Inc.		The new
name must be distinguishable and contain the word "corporation of the designation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must a	boreviation contain the
B. Enter new principal office address, if applicable:	1535 S. Perimeter Road	
(Principal office address MUST BE A STREET ADDRESS)	Hangar 36-B	
	Fort Lauderdale, FL 33309	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	· <u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	lress in Florids, enter the name of the	IZ FEB 24 PH
Nama of Naw Registered Agent		4 4 CO.XX
		THE COLUMN
	trest address)	2: 35
New Registered Office Address: (City) Florida (Zip Code)	. ഗ 🖁
Naw Revistered Arent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New Registered	with and accept the obligations of the position.	

Page 1 of 4

H120000496963

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 afficer/director title by the first letter of the affice title: P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; T = Trustee; C = Chairmon or Clerk; CEO = Chief Executive Officer; CFO = Chief Pinancial Officer. If an officer/director holds more than one title, list the first letter of each affice 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 at Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
		- ·-	
<u>X</u> Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Thie	Nama	Address
1)Change Add Remove		<u> </u>	
2) Change Add Remova			
3) Change Add Remove		<u> </u>	
4) Change Add Remove			
5)Change Add Remove	<u>. </u>		
6)Change Add Remove		· · · · · · · · · · · · · · · · · · ·	

Page 2 of 4

H120000496963

	reis, if necessary).	(Be specific)			
					
					
	_				
	·	-			_ _
 _					
					
		•			
				· · · · · · · · · · · · · · · · · · ·	
	 				
					·
<u> </u>					
				<u></u>	
					
	 _		· · ·		
an amendment vi	ovides for an excb	anys, reclassific	ation, or cancellat	ion of issued share	Ma
provisions for impl	ovides for an each	adment if not co	ntsined in the am	endment itself:	
(y noi appiicae	le, indicate N/A)	•			
_ _					
				_ 	
					

Ţ

H12000049696 3

The date of each amendment(s) ado	Petron: February 1, 2012
Effective date if applicables	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the abareholders was/were suff	sted by the shareholders. The number of votes east for the amendment(s) eleient for approval.
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted notion was not required.	eted by the board of directors without abareholder action and abareholder
The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder
Dated	2/56/12
Signature	Uh.
se)feted,	octor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)
<u> 1</u>	Brian L. Weisz
	(Typed or printed name of person signing)
· 	President and Sok Sherehold
	(Title of person signing)