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CT CORP (,)

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

11/23/16

ACCT. 120160000072

Senar Dyer

Name:	PROFLIGHT
Document #:	
Order #:	70637854

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFLIGHT, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann T. Willaman

Name of Person

TEXTRON INC.

Firm/Company

40 Westminster Street

Address

Providence, RI 02903

City/State and Zip Code

awillaman@textron.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann T. Willaman

at (401)

457-2367

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ProFlight, LLC

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)

2. The Florida document number of this limited liability company is: M15000005433

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: July 10, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: TRU Simulation + Training LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

TRU Simulation + Training Florida LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Ann T. Willaman

Signature of the authorized representative

Ann T. Willaman

Typed or printed name of signee

Filing Fee: \$25.00

TRU SIMULATION + TRAINING LLC
(Formerly PROFLIGHT, LLC)

Action by Consent of the Sole Member and Sole Manager
in Lieu of a Meeting, October 26, 2016

The undersigned TRU SIMULATION + TRAINING INC., a Delaware corporation, being the sole member and sole manager of TRU SIMULATION + TRAINING LLC, a California limited liability company (hereinafter, the "Company"), and acting without a meeting of the sole member and sole manager pursuant to the Company's Operating Agreement, as amended, does hereby consent to the taking of the following actions:

Adoption of Alternate Name for Use in the State of Florida

WHEREAS, the Company is qualified to conduct business in the State of Florida; and

WHEREAS, because the current name of the Company does not satisfy the requirements of section 605.0112 of the *Florida Statutes*; now therefore be it


RESOLVED, that the Company does hereby adopt the following name for use when conducting business in the State of Florida:

TRU Simulation + Training Florida LLC

RESOLVED, that Ann T. Willaman, Assistant Secretary of TRU Simulation + Training Inc., be, and the same hereby is, authorized and directed to execute an "Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida" and a "Written Consent to Adopt Alternate Name for Use in the State of Florida" in the name and on behalf of the Company, and to file same with the Florida Department of State Division of Corporations.

IN WITNESS WHEREOF, the sole member and sole manager has caused this consent to be executed by its General Counsel and Secretary as of the 26th day of October, 2016.

TRU SIMULATION + TRAINING INC.
(Sole Member and Sole Manager)

By: 
Daniel V. Munford
General Counsel and Secretary

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: TRU SIMULATION + TRAINING LLC

FILE NUMBER: 200809510040
FORMATION DATE: 04/01/2008
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 18, 2016.

Alex Padilla

ALEX PADILLA
Secretary of State

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TALAMASSEE, FL 32060