# M99627

| (Request                                  | ors Name)       | <del></del> |
|-------------------------------------------|-----------------|-------------|
|                                           |                 |             |
| (Address                                  | )               |             |
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| (Address                                  | )               |             |
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| (City/Stat                                | e/Zip/Phone #)  |             |
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| PICK-UP                                   | ] WAIT          | MAIL        |
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| (busines                                  | s Entity Name)  |             |
|                                           |                 |             |
| (Docume                                   | nt Number)      |             |
|                                           |                 |             |
| Certified Copies                          | Certificates of | Status      |
|                                           |                 |             |
| Special Instructions to Filing            | Officer:        |             |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLOWING THE CORPORATIONS
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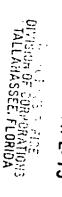
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2022

CAPITAL CONNECTION, INC.

SUBJECT: SKYLANE CORPORATION

Ref. Number: M99627



We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 222A00010795

Querida R Silas Regulatory Specialist II

www.sunbiz.org

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| SKYLANE CORPRO     | ATION            |      |             |                                |
|--------------------|------------------|------|-------------|--------------------------------|
| our brute cold no  |                  |      |             |                                |
|                    | <u> </u>         |      |             |                                |
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|                    |                  |      |             |                                |
|                    | <u> </u>         |      |             | Art of Inc. File               |
|                    |                  |      |             | LTD Partnership File           |
|                    |                  |      |             | Foreign Corp. File             |
|                    |                  |      |             | L.C. File                      |
|                    |                  |      | <del></del> | Fictitious Name File           |
|                    |                  |      |             | Trade/Service Mark             |
|                    |                  |      |             | Merger File                    |
|                    |                  |      | <u> </u>    | Art. of Amend. File            |
|                    |                  |      |             | RA Resignation                 |
|                    |                  |      |             | Dissolution / Withdrawal       |
|                    |                  |      |             | Annual Report / Reinstatement  |
|                    |                  |      | · —         | Cert. Copy                     |
|                    |                  |      | <del></del> | Photo Copy                     |
|                    |                  |      |             | Certificate of Good Standing   |
|                    |                  |      |             | Certificate of Status          |
|                    |                  |      |             | Certificate of Fictitious Name |
|                    |                  |      |             | Corp Record Search             |
|                    |                  |      |             | Officer Search                 |
|                    |                  |      |             | Fictitious Search              |
| Signature          |                  |      |             | Fictitious Owner Search        |
| 8                  |                  |      |             | Vehicle Search                 |
| <del></del>        |                  |      |             | Driving Record                 |
| Requested by: SETH | 05/11/22         |      |             | UCC 1 or 3 File                |
| Name               | 05/11/22<br>Date | Time |             | UCC 11 Search                  |
| Name               | Date             | time |             | UCC 11 Retrieval               |
| Walk-In            | Will Pick Up     |      |             | Courier                        |

#### COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: SKYLANE CO.                                                               | ORPORATION                                                                                                                                      |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: M99627                                                                        |                                                                                                                                                 |
| The enclosed Articles of Amendment and fee are                                                 | e submitted for filing.                                                                                                                         |
| Please return all correspondence concerning this                                               | matter to the following:                                                                                                                        |
| ANDREW W ROSIN                                                                                 |                                                                                                                                                 |
| ANDREW W ROSIN PA                                                                              | Name of Contact Person                                                                                                                          |
| 1066 HILL VIDW STORES                                                                          | Firm/ Company                                                                                                                                   |
| 1966 HILLVIEW STREE                                                                            | Address                                                                                                                                         |
| SARASOTA, FLORIDA                                                                              | 34239                                                                                                                                           |
|                                                                                                | City/ State and Zip Code                                                                                                                        |
| AROSIN@ROSINLAWFI                                                                              |                                                                                                                                                 |
| E-mail address: (to be                                                                         | e used for future annual report notification)                                                                                                   |
| For further information concerning this matter, pl                                             | lease call:                                                                                                                                     |
| ANDREW W ROSIN                                                                                 | at (941 ) 359-2604                                                                                                                              |
| Name of Contact Person                                                                         | Area Code & Daytime Telephone Number                                                                                                            |
| Enclosed is a check for the following amount made                                              | de payable to the Florida Department of State:                                                                                                  |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status                                       |                                                                                                                                                 |
| 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 |

## FILED

#### Articles of Amendment to Articles of Incorporation of

2072 MAY 12 PM 8: 05

SECRETARY OF STATE TALLAHASSEE, FL

| SKYLANE CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| (Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of Corporation as currently                                | filed with the Florida Dept. of State)                                                                     |
| M99627                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Document Number of                                        | Corporation (if known)                                                                                     |
| Pursuant to the provisions of section 607 its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .1006, Florida Statutes, this F                            | Inrida Profit Corporation adopts the following amendment(s) t                                              |
| A. If amending name, outer the new o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ame of the corporation:                                    |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | The new                                                                                                    |
| name must be distinguishable and contai<br>"Inc.," or Co.," or the designation "<br>"chartered," "professional association,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Corp." "Inc." or "Ca". A                                   | mpany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word |
| B. Enter new principal office address.<br>(Principal office address MUST RE .4.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If applicable:<br>STREET ADDRESS )                         |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                            |
| C. Enter new mailing address, if app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | icable:                                                    |                                                                                                            |
| (Mailing address MAY BE A POST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OFFICE BOX)                                                |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                            |
| D. If amending the registered agent at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | adlar ravietarad office adds.                              |                                                                                                            |
| new registered agent and/or the ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | w registered office address:                               | is in riorina, enter the name of the                                                                       |
| Name of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SEAN NATARAJAN                                             |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 492 MEADOW LARK DR                                         |                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Florida stree                                             | address)                                                                                                   |
| New Registered Office Address: SARASOTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            | Florida 34236                                                                                              |
| the state of the s | (0                                                         | ity) (Zip Code)                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                            |
| Now D. Co. Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |                                                                                                            |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hanging Registered Agent;<br>ered agent. I am familiar wit | h and accept the obligations of the position.                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g v y                                                      | - 2-in section me nongunous by the postuon.                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                                                                            |
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Check if applicable

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (c), 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)

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:

| X Change                      | <u>PT</u> | <u>John Do</u> | <u>1¢</u>               |                    |
|-------------------------------|-----------|----------------|-------------------------|--------------------|
| X Remove                      | <u>v</u>  | Mike Jo        | ones                    |                    |
| X Add                         | <u>sv</u> | Sally Sr       | nith                    |                    |
| Type of Action<br>(Check One) | Title     |                | Name                    | <u>Addres</u> s    |
| 1) Change                     | 0         |                | GROBLER, WERNER HENDRIK |                    |
| Add<br>x Remove               |           |                |                         |                    |
| 2) Change                     | D         | _              | NATARAJAN, MELANIE      | 492 MEADOW LARK DR |
| X Add                         |           |                |                         | SARASOTA, FL 34236 |
| Remove 3) Change              | P         |                | NATARAJAN, SEAN         | 492 MEADOW LARK DR |
| X Add                         |           | <del></del>    |                         | SARASOTA, FL 34236 |
| Remove 5) Change Add          |           | _              |                         |                    |
| Remove 6) Change Add          |           | _              |                         |                    |
| Remove                        |           |                |                         |                    |

| If amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)                                             |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------|
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|                                                                                   |                                                           |
| I an amendment provides for an exchi                                              | ange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)                                                 | ndment if not contained in the amendment itself:          |
| (i) not applicable, inaleate (VA)                                                 |                                                           |
|                                                                                   |                                                           |
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| The date of each amendment(s) adoption:date this document was signed.                                                             | , if other than the                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Effective date if applicable:                                                                                                     |                                                                          |
| (no more than 9                                                                                                                   | 0 days after amendment file date)                                        |
| Note: If the date inserted in this block does not meet the applic locument's effective date on the Department of State's records. | cable statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)                                                                                              |                                                                          |
| The amendment(s) was/were adopted by the incorporators, or laction was not required.                                              | board of directors without shareholder action and shareholder            |
| 'The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.                 | e number of votes cast for the amendment(s)                              |
| The amendment(s) was/were approved by the shareholders thromust 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/we                                                                             | re sufficient for approval                                               |
| by(voting group)                                                                                                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                   |
| (voling group)                                                                                                                    |                                                                          |
| Dated May 12, 2022                                                                                                                |                                                                          |
| Signature X                                                                                                                       | <u> </u>                                                                 |
| (By a director, president or other offic                                                                                          | cer - if directors or officers have not been                             |
| appointed fiduciary by that fiduciary)                                                                                            | e hands of a receiver, trustee, or other court                           |
| Sean P. Natarata                                                                                                                  | n                                                                        |
| (Typed or printed r                                                                                                               | name of person signing)                                                  |
| President                                                                                                                         |                                                                          |
| (Title of person sig                                                                                                              |                                                                          |