N0000001283

| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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I ALBRITTON

CAPITAL CONNECTION, INC.

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

| FLORIDA AIR M | USEUM, INC. | | | | |
|------------------|----------------------------|----------|------------------|-----------------|---|
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| | | | Art of Inc. File | | |
| | | | LTD Partnershi | p File | |
| | | | Foreign Corp. F | File | |
| | | | L.C. File | | |
| | | | Fictitious Name | e File | |
| | | | Trade/Service M | Mark | |
| | | | Merger File | | |
| | | | ✓ Art. of Amend. | File | |
| | | | RA Resignation | n | |
| | | | Dissolution / W | ithdrawal | |
| | | | Annual Report | / Reinstatement | _ |
| | | | Cert. Copy | · | |
| | | | ✓ Photo Copy | | |
| | | | Certificate of G | Good Standing | |
| | | | Certificate of S | tatus | |
| | | | Certificate of F | ictitious Name | |
| | | | Corp Record Se | earch | |
| | | | Officer Search_ | | |
| | | | Fictitious Searc | ch | |
| Signature | | | Fictitious Own | er Search | |
| - | | | Vehicle Search | | |
| | | | Driving Record | 1 | |
| Requested by: BA | 2/9/17 | | UCC 1 or 3 Fil | e | |
| Name | Date | Time | UCC 11 Search | h | |
| | | | UCC 11 Retrie | val | |
| Walk-In | _ Will Pick U _l |) | Courier | | |

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:FLORIDA | AIR MUSEUM, INC. |
|--|---|
| DOCUMENT NUMBER: N00000007283 | |
| The enclosed Articles of Amendment and fee are submi | itted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| | F. WENDEL |
| (| Name of Contact Person) |
| Att | corney |
| | (Firm/ Company) |
| 5304 South | Florida Avenue, Suite 404 |
| | (Address) |
| Lake | eland, FL 33813 |
| | City/ State and Zip Code) |
| | |
| tnea1@flysr | |
| E-mail address: (to be used t | or future annual report notification) |
| For further information concerning this matter, please ca | all: |
| | 062 697 0790 |
| John F. Wendel, Attorney (Name of Contact Person) | at 863-687-0780 (Area Code) (Daytime Telephone Number) |
| , . | |
| Enclosed is a check for the following amount made paya | able to the Florida Department of State: |
| XX \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address | Street Address |
| | |
| | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address Amendment Section Division of Corporations Clifton Building |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| FLORIDA | A AIR MUSEUM, | INC. |
|---|-----------------------------------|--|
| (Name of Corporation as current | tly filed with the Florid | a Dept. of State) |
| N0000 | 00007283 | |
| (Document Number | er of Corporation (if kno | wn) |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | s, this <i>Florida Not For I</i> | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporati | on: | |
| AEROSPACE CENTER FOR EXCELLENCY name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name. | E, INC. ion" or "incorporated" | The new or the abbreviation "Corp." or "Inc." |
| | N/A | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | ************************************** |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as | | ter the name of the |
| Name of New Registered Agent: | N/A | |
| | (Flori | da street address) |
| New Registered Office Address: | (******* | ······································ |
| | N/A | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan | | e obligations of the position. |
| | N/A | |
| <u> </u> | anature of New Registers | ed Agent if changing |

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 X Remove X Add | <u>V</u> <u>Mi</u> | n Doe ke Jones ly Smith | | |
|----------------------------------|--------------------|-------------------------------|---|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) N/A Change | N/A | N/A | N / A | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | *************************************** | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | <u></u> | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional A (attach additional sheets, if necessary) | . (Be specific) | , | | | |
|---|---------------------------------------|------------|--|-------------|--|
| N/A | | | | | |
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| | e date of each amendment(s | adoption: | _, if other than the | | |
|------------|--|--|----------------------|--|--|
| | this document was signed. | The effective date is the date on which the Amendment to Articles of Incorporation are | | | |
| <u>Not</u> | | (no more than 90 days after amendment file date) the Division of Corporations of the Florida of State. block does not meet the applicable statutory filing requirements, this date will not b Department of State's records. | Department | | |
| Add | option of Amendment(s) | (CHECK ONE) | | | |
| XIX | The amendment(s) was/wer was/were sufficient for appr | e adopted by the members and the number of votes cast for the amendment(s) roval. | | | |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | | | | |
| | Dated Febru | ary 82, 2017 | | | |
| | Signature | not Cfly to | _ | | |
| | have not | hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary) | | | |
| | | Robert C. Knight | | | |
| | | (Typed or printed name of person signing) | | | |
| | | Chairman of the Board | | | |
| | | (Title of person signing) | | | |