N03000004947

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SECRETARY OF STATE
TALL AHASSET, FLOSIO

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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: PARACHUTE RIGGERS ASSOCIATION, Inc	<u></u>	
DOCUMENT NUMBER: N 0300004947		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Lowell N. Heath		
(Name of Contact Person)		
(Firm/ Company)	_	
792 Hwy 26 Egst		
Poplarville, MS 39470 (City/State and Zip Code)		
Senorchief 43 Q Yahoo, Com E-mail address: (to be used for future annual report notification)	_	
For further information concerning this matter, please call:		
Lowell N. Heath at 601-463-0073		
(Name of Contact Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee \$\begin{array}{c} &\begin{array}{c} \$\begin{array}{c} &\begin{array}{c} &\begin{array}		
Mailing Address Amendment Section Street Address Amendment Section		

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

PARACHUTE RIGGERS ASSOC	1ATTON INC
(Name of Corporation as currently filed with the F	
N0300000 4947	
(Document Number of Corporation (i	f known)
O	For Bush Companyion adopts the following
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not</i> amendment(s) to its Articles of Incorporation:	Tor Froja Corporation adopts the following
•	ি এর আন্তর্
A. If amending name, enter the new name of the corporation:	() 35-21 25-21
N H	The Free The
name must be distinguishable and contain the word "corporation" or "incorpora	ited" or the abbreviation "Corp." or "Int."
"Company" or "Co." may not be used in the name.	<u> </u>
B. Enter new principal office address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS	酒
	Sung (f +)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<i></i>	
D. If amending the registered agent and/or registered office address in Florinew registered agent and/or the new registered office address:	da, enter the name of the
1 /4	
Name of New Registered Agent: U I	
1	(Florida street address)
New Registered Office Address:	
<u> </u>	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and acc	ept the obligations of the position.
ı / /	
$N \mathcal{D}$	
Signature of New Re	oistered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove		Henry Shannon	3829 Meadow Lane Highland, IL 62249-34
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change			
Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
4				

The	The date of each amendment(s) adoption:, if other than the		
date	e this document was signed.		
Eff	ective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)		
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.		
Ado	option of Amendment(s) (<u>CHECK ONE</u>)		
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		
Ø	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
	Lowell Norman Heath (Typed or printed name of person signing)		
	Director and Registered Agent (Mele of person signing)		