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## COVER LETTER

**TO:** Amendment Section Division of Corporations

·	
NAME OF CORPORATION: THE GENERAL DANIEL "CI	HAPPIE" JAMES SUMMER FLIGHT ACADEMY INC.
DOCUMENT NUMBER: N04000005502	
The enclosed Articles of Amendment and fee are submitted for t	filing.
Please return all correspondence concerning this matter to the fo	llowing:
MICHAEL GRIFFIN	
(Name of	Contact Person)
(Firm	/ Company)
7244 CLOVER HILL DR.	
(/	Address)
WAUNAKEE/ WI 53597	
(City/ Stat	e and Zip Code)
mgrif1884@gmail.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
MICHAEL GRIFFIN	atat
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	e Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75  Certificate of Status Certific  (Addition conclose)	d Copy Certificate of Status onal copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation of

FRED

THE GENERAL DANIEL "CHAPPIE" JAMES SUMMER FLIGHT ACADEMY, INC. +

18'a C C'	de Clad and the Classical Dana - Consess
(Name of Corporation as current	ly filed with the Florida Dept. of State )HAY 20 A 夢 26
N04000005502	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	<u>on:</u>
GENERAL DANIEL CHAPPIE JAMES FLIGHT ACADE	MY, INC. The new
name must be distinguishable and comain the word "corporal" "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	1608 DR. MARTIN LUTHER KING JR. DRIVE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	PENSACOLA, FL 32503
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 2771
	PENSACOLA, FL 32513
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: nifiar with and accept the obligations of the position.
Sig	unature of New Registered 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>Mil</u>	n Doe se Jones ly Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change	S	MICHAEL GRIFFIN		7244 CLOVER HILL DR.
Add				WAUNAKEE, WI 53597
X Remove				
2) Change	ST	MICHAEL GRI	FFIN	7244 CLOVER HILL DR.
X Add				WAUNAKEE, WI 53597
Remove				
3 ) Change	<u> </u>	MICHAEL FOV	VLKES	178 WILDFLOWER LANE
Add				PENSACOLA. FL 32514
X Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove			Page 2 of 4	

		•	
The date of each amendment(s) a date this document was signed.	doption:	, if other than	
_	8/2019		
	(no more than 90 d	ays after amendment file date)	
Note: If the date inserted in this blooding document's effective date on the De		cable statutory filing requirements, this date will not be listed as the s.	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were a was/were sufficient for approv		the number of votes cast for the amendment(s)	
■ There are no members or mem adopted by the board of direct		amendment(s). The amendment(s) was/were	
5/18/2019 Dated			
Signature <u>Clif</u>	ton W. Curtis		
(By the chai have not be other court	een selected, by an incorpor appointed fiduciary by tha	he board, president or other officer-if directors rator – if in the hands of a receiver, trustee, or this fiduciary)	
CLIFTC ——	ON W. CURTIS		
	(Typed or j	printed name of person signing)	
PRESIC	DENT		
		(Title of person signing)	

Page 4 of 4

the