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Award & N.C.

JAN 19 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations
NAME OF CORPORATION: Egst Central Plorida Honor Flia
DOCUMENT NUMBER: N 1 000000 513
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Suzunne Olson (Name of Contact Person)
(Firm/ Company)
2610 Pinto Circle (Address)
Cowa FL 32926 (City/ State and Zip Code)
Schonorflighte amail.com E-mail address: (to be used for duture annual report notification)
For further information concerning this matter, please call:
Suzanne Oson at (407) 427-0508 (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 \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Certificate of Status Certified Copy (Additional copy is enclosed) \$\Bigcup \\$52.50 Filing Fee \& \Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2012

SUZANNE OLSON 2610 PINTO CIRCLE COCOA, FL 32926

SUBJECT: EAST CENTRAL FLORIDA HONOR FLIGHT, INC.

Ref. Number: N11000000513

We have received your document for EAST CENTRAL FLORIDA HONOR FLIGHT, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You must show titles for the officers you are showning on page 2.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 412A00000034

We are changing our name FROM:

Tast Central Plouda Honor Flight Inc.

Space Coast Honor Flight Inc.

Articles of Amendment

to
Articles of Incorporation of

East Central Flori	da Honor Hight		
(Name of Corporation as currently filed with the Florida Dept. of State)			
N11 000000 513			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation;			
Space Coast Honor	Flight Inc.		
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name.			
B. Enter new principal office address, if applicable:	2610 Pinto Circle		
(Principal office address MUST BE A STREET ADDRESS)	Cocoa FL		
	32926		
	20100		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 560975		
(maning namess <u>may be a rost of fice box</u>)			
	Rockledge FL		
	32956		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	dress in Florida, enter the name of the		
Name of New Registered Agent: SUZAN			
2610 P	into Circle		
(Florid	a street address)		
New Registered Office Address:	00		
Coco	$\frac{32926}{\text{(Zip Code)}}$		
(Ci	ty) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
Jame (Jon		
Signature of New Registered	Agent, if changing		

Page 1 of 4

SECRETIARY OF STAIL

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

٠. •

Title(s)	<u>Name</u>	Address
1) Chairman	WILLIAM WELSER III	3133 CELINA LA MELBOURNE FL 32934
2) Trea sures	Suzanne Olson	2610 Pinto Circle Cocoa FL 32926
3) Operation Directo	S TIMOTHY A. OLSOH	2610 PINTO CIRCLE
4) Flight Operation	ONS DIVELTOR	32926 R ZI FAIRWAY DR. COCA BEACH FL 32931 6335 ANCHOR LANG ROCKLESGE, 172 32955
5) Marketin Directo	8 DATH GOODRICH	6335 AHCHER LAME ROCKLESGE, FZ 32955
6)		
If REMOVING an	officer and/or director, please list the title(s)	and name of the officer/director to be removed:
Title(s) Na	<u>Title</u>	e(s) Name
1)	Pat Nelson 4)	
2)	5)	
3)	6)	

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	•	
			
			•
			07 2 1 18 21 18
			
			

The date of each amendment(s) adoption: 12-18-11				
Effe	fective date if applicable: 12-1 (no more the	8 - 1 In 90 days after amendment file date)		
Àda	doption of Amendment(s) (CHECK (<u>dne</u>)		
岚	The amendment(s) was/were adopted by the mem was/were sufficient for approval.	bers and the number of votes cast for the amendment(s)		
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 12-18-11			
	Signature Sys aum	260n		
		an of the board, president or other officer-if directors accorporator – if in the hands of a receiver, trustee, or by that fiduciary)		
	- Suzann (Typed or printed)	ie Olson name of person signing)		
	Treasu			

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