## N150000007773

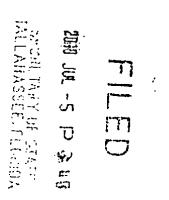
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SPACE PC	DRT 995 INC	
DOCUMENT NUMBER: N1500000	7773	
The enclosed Articles of Amendment and fee are subm	uitted for filing.	
Please return all correspondence concerning this matter	to the following:	
DONNA WIL	<u>-T</u>	
	(Name of Contact Person)	
SPACEPORT 99:	5, 1 NC	
687 BRUSH FOR	OT DR	
	(Address)	
SEBASTIAN,	FL 32958	
, (	(City/ State and Zip Code)	
dfwilt@ on	for future annual report notification)	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please of	all:	
Same	at 772 581-2764  (Area Code) (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	able to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \\$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	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

		the transfer to the transfer t
SPACEPORT 995	INC	
(Name of Corporation as cu		· · · · · · · · · · · · · · · · · · ·
N150000077	73	2019 JUL -5 P 3 45
	Number of Corporation (if kn	own) SECRETARY OF STATE
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
NA		The new
name must be distinguishable and contain the word "cor	poration" or "incorporated	
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	_NA	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )	
C. Enter new mailing address, if applicable:	MA	
(Mailing address MAY BE A POST OFFICE BOX)	NA NA	-
	<del></del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
	NA	
Name of New Registered Agent:		
	N	<del>-</del>
New Registered Office Address:	(140	rida street address)
		DL2-3
**************************************	(City)	, Florida (Zip Code)
N D 14 14 19 19 19 19 19 19 19 19 19 19 19 19 19		1
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		he obligations of the position.
	NA	
	Signature of New Registe	red 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>Mik</u>	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>YC</u>	DEMMER MARY ANN	
X Remove			
2) Change Add Remove	<u>\\\\</u>	ISABEL GARNETT	4000 WOODLAKE DR NE. Palm Bay, FL 32905-61
3 ) Change Add Remove	<u>T</u>	GOSLING, CAROL	
4) Change Add Remove	1	WILT, DONNA	687 BRUSH FOOT DR SEBASTIAN, FL 32958
5) Change Add			
Remove 6) Change Add			
Remove			

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

	e date of each amendment(s) adoption: N F	, if other than the
	Tective date if applicable:  7   2015  (no mare than 90 days after amendment file date)	J-1. J-1
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	listed as the
Ado	option of Amendment(s) (CHECK ONE)	
⋈	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	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 7/1/2019	
	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)	
	DONNA FORSYTH	
	(Typed or printed name of person signing)	
	TREASURETR	
	(Title of person signing)	