N18409

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AERA, In	C.	
DOCUMENT NUMBER: N18409		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Karen Moore		
	(Name of Contact Person	n)
Ascend Performance Ma	aterials Hold	lings Inc.
	(Firm/ Company)	
3000 Old Chemstrand R	d	
	(Address)	
Cantonment, FL 32533		
	(City/ State and Zip Code)
mehorn@ascendr		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Karen Moore	at (850	, 968-8418
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

	Florida Dept. of Sta	<u>ite</u>)	
N18409			
(Document Number of Corp	oration (if known)		
arsuant to the provisions of section 617.1006, Florida Stat nendment(s) to its Articles of Incorporation:	utes, this <i>Florida Ne</i>	ot For Profit Corpora	tion adopts the fo
. If amending name, enter the new name of the corpor	ation:		
N/A			
ame must be distinguishable and contain the word "corpo	ration" or "incorpo	rated" or the abbrevi	ation "Corp. 20
Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:	N/A		
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>:S</u>)		(A) - 1
. Enter new mailing address, if applicable:	NI/A		S.F
(Mailing address MAY BE A POST OFFICE BOX)	N/A		.tj
	- "		_
			_
). If amending the registered agent and/or registered o	ffice address in Flo	<u>rida, enter the name</u>	of the
new registered agent and/or the new registered offic	ffice address in Flo e address:	rida, enter the name	of the
. If amending the registered agent and/or registered o new registered agent and/or the new registered offic Name of New Registered Agent:	ffice address in Flo e address:	rida, enter the name	of the
new registered agent and/or the new registered offic	ffice address in Flo e address:	rida, enter the name	of the
new registered agent and/or the new registered offic Name of New Registered Agent: N/A	ffice address in Flo e address: (Florida street addre		<u>of the</u>
new registered agent and/or the new registered offic Name of New Registered Agent: N/A	e address:		<u>of the</u>
new registered agent and/or the new registered offic	e address: (Florida street addre		

Page 1 of 4

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>M</u> i	nn Doc ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	<u>V</u>	William Kaser	3000 Old Chemstrand Rd
Add			Cantonment, FL 32533
X Remove			
2) Change	<u>V</u>	Matt Hornyak	3000 Old Chemstrand Rd
X Add			Cantonment, FL 32533
Remove			▼
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
N/A	
,	
	,

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	2/42/12
The d	ate of each amendment(s) adoption:
Effect	ive date if applicable:
	(no more than 90 days after amendment file date)
Adopt	ion of Amendment(s) (CHECK ONE)
	the amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) vas/were sufficient for approval.
	there are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
	Dated 09/10/2012 Signature 3
,	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Zak Melman
	(Typed or printed name of person signing)
	President
	(Title of person signing)