## N19000000014

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## COVER LETTER

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TO: Amendment Section Division of Corporations

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Airborne SOB Inc			
N1900000014			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Neil Parkin			
(	Name of Contact Pe	erson)	
Airborne SOB In			
	(Firm/ Company	·)	
5835 Crafton Dr			
	(Address)	<del>,</del>	
Lakeland FL 33809			
(1	City/ State and Zip	Code)	
np@1pra.com			
E-mail address: (to be used f	for future annual rep	ort notification	)
For further information concerning this matter, please c	eall:		
Neil Parkin	at	603	6745770
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Airborne SOB Inc		
(Name of Corporation as current	ly filed with the Flori	da Dept. of State)
N1900000014		
(Document Number	r of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Flo<b>rida Not For</b></i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		28
Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del>_</del>	20 5
	·	
		100 m
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
(Matting dualess MAT DE A TOST OF FICE DOX)		<u></u>
		र्स-
	-72.	
<ol> <li>If amending the registered agent and/or registered office</li> </ol>		enter the name of the
new registered agent and/or the new registered office ac	<u>ldress:</u>	
Name of New Registered Agent:	·····	
	(Flo	orida street address)
New Registered Office Address:		
		. Florida
	(City)	(Zip Code)
	•	. ,
New Registered Agent's Signature, if changing Registered		ar are experienced
hereby accept the appointment as registered agent. I am fan	unar with and accept i	ine obligations of the position.
<del></del>	<del></del>	
Si	enature of New Registe	ered 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>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Barrie Day	Bird Whistle lane
Add			Land O Lakes
X Remove			FL 34639
2) Change	VP	Wayne Rostron	5835 Crafton Dr
Add			Lakeland
X Remove			FL 33809
3) Change			<del></del>
Add			
Remove			
4) Change			····
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			_
Add			
Remove			

tach additional sheets, if necessary).	(be specific)
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	1/3/2019	
The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
1/3/2	2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo- document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) il.	
There are no members or membadopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were prs.	
1/3/2019 Dated	——————————————————————————————————————	
Signature	(DU)	
	man or vice chairman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court a	appointed fiduciary by that fiduciary)	
Neil Par	kin	
	(Typed or printed name of person signing)	
Presider	nt	
	(Title of person signing)	