N33602

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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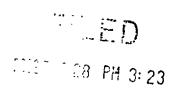
TO: Amendment Section **Division of Corporations**

| MELBOURN NAME OF CORPORATION: | E SKYWAY ASSOCIATION INC. |
|---|--|
| N33602 | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee a | re submitted for filing. |
| Please return all correspondence concerning thi | s matter to the following: |
| Michael ABERGEL | |
| | (Name of Contact Person) |
| | |
| | (Firm/ Company) |
| | |
| | (Address) |
| 219 Lansing Island Dr. Indian Harbour Beach, | FL 32937 |
| | (City/ State and Zip Code) |
| mgisabergel@aol.com | |
| E-mail address: (to b | be used for future annual report notification) |
| For further information concerning this matter, | please call: |
| Sophie Abergel | 321 5377064 |
| (Name of Contact) | |
| Enclosed is a check for the following amount m | nade payable to the Florida Department of State: |
| \$35 Filing Fee \$43.75 Filing Fe Certificate of S | |
| Mailing Address | Street Address |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



MELBOURNE SKYWAY ASSOCIATION, INC.

| (Name of Corporation as currently filed with the F) | orida Dept. of State) | 3 |
|---|----------------------------------|---|
| N33602 | | • |
| (Document | Number of Corporation (if kn | own) |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | a Statutes, this Florida Not For | r Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co | orporation: | |
| | | The new |
| name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name. | orporation" or "incorporated | " or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable | | |
| (Principal office address <u>MUST BE A STREET ADD</u> | ORESS) | |
| | | |
| | | <u> </u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | (V) | |
| (Mulling address MAT BE A POST OFFICE BO | <u></u> | |
| | | |
| | | |
| D. If amending the registered agent and/or register | ed office address in Florida, | enter the name of the |
| new registered agent and/or the new registered | office address: | |
| Name of New Registered Agent: | | |
| | | |
| <u>New Registered Office Address:</u> | (Fle | orida street address) |
| New Registered Office Address. | | |
| | (Citv) | , Florida (Zip Code) |
| | (Cuiv) | (Lip Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | | the obligations of the position. |
| | Signature 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 | PT John Do V Mike Jo SV Sally S | ones | |
|----------------------------------|---------------------------------------|---|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change Add | <u>VP</u> | MENOSKY, Mark | 564 Lake Ashley Cir. West Melbourne, FL 32904 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| (attach additional shee | ets, if necessary). | icles, enter change(s) here: (Be specific) ark MENOSKY as Vice President of the Corp | oration |
| | | | |
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| The date of each amendment(s) adoption: |
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption 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. |

| Dated | 12/01/2022 |
|----------|--|
| Signatur | rex Majol |
| J | (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) |
| | which ovait approvince nationally by that tradefacty) |
| | Michael ABERGEL |
| | |
| | Michael ABERGEL |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

27 T 28 PM 3: 23