## P00000024753

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |                           |                  |                 |
|--|---------------------------|------------------|-----------------|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Red                      | uestor's Name)   |                 |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |                           |                  |                 |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Add                      | ress)            |                 |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (* ***                    | ,                |                 |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |                           |                  |                 |
| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Add                      | lress)           |                 |
| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |                           |                  |                 |
| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (City                     | /State/Zip/Phone | <del>= #)</del> |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | , ,                       | ·                |                 |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | PICK-UP                   | ☐ WAIT           | MAIL            |
| (Document Number)  Certified Copies Certificates of Status   |                           |                  |                 |
| (Document Number)  Certified Copies Certificates of Status   |                           |                  |                 |
| Certified Copies Certificates of Status  | (Bus                      | iness Entity Nam | ne)             |
| Certified Copies Certificates of Status  |                           |                  |                 |
| Certified Copies Certificates of Status  |                           | umant Number     |                 |
|  | (500                      | ament Number)    |                 |
|  |                           |                  |                 |
| Special Instructions to Filing Officer:  | Certified Copies          | Certificates     | of Status       |
| Special Instructions to Filing Officer:  |                           |                  |                 |
| Special Instructions to Filing Officer:  | <u> </u>                  |                  |                 |
|  | Special Instructions to F | filing Officer:  |                 |
|  |                           |                  |                 |
|  |                           |                  |                 |
|  |                           |                  |                 |
|  |                           |                  |                 |
|  |                           |                  |                 |
|  |                           |                  |                 |
|  |                           |                  |                 |
|  |                           |                  |                 |

Office Use Only



000163731850

000163731850 01/22/10--01016--008 \*\*\*35.00

10 JAN 21 AH II: 27

Name ang Amend

1/2/10



December 29, 2009

OSPREY AVIATION, INC. 714 NW 123RD DR. CORAL SPRINGS, FL 33071

SUBJECT: OSPREY AVIATION, INC.

Ref. Number: P00000024753

We have received your document for OSPREY AVIATION, INC. and your check(s) totaling \$1500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

Please note that an additional \$150 must be submitted to cover the fees for the year 2010 if your reinstatement is not returned prior to January 1, 2010.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 509A00039443

Michelle Milligan Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

TO: Amendment Section

| Division of Co       | orporations                                  |   |   |
|----------------------|--|---|---|
| NAME OF CORF         | OGRATION: OSPI                               | ey Aviation at Bri  | oward, Inc.   |
| DOCUMENT NU          | MBER:  |   |   |
| The enclosed Artic   | les of Amendment and fee a                   | re submitted for filing.  |   |
| Please return all co | rrespondence concerning thi                  | is matter to the following:                                       |   |
|                      | Ste  | xc Radorii  |   |
|                      | N  | lame of Contact Person  | <del></del>   |
|                      | Ospicy Au                                    | Him/Company   | nc.   |
|                      |  | · · · · · · · · · · · · · · · · · · ·                             |   |
|                      | 114 NW                                       | 17310 Drivo   |   |
| •                    |  | Address   |   |
|                      | Coral S                                      | prings C1 33071   |   |
|                      | Radoti                                       | prings C1 33071  ity/State and Zip Code  att. nct                 |   |
|                      | E-mail address: (to be use                   | d for future annual report notification)                          |   |
| For further informs  | ation concerning this matter,                | nlease call:  |   |
| Stere                | Rodotiu                                      | at (954) 81.  | 3-7148  |
| Name                 | of Contact Person                            | Area Code & Daytime Tele  | ephone Number   |
| Enclosed is a check  | c for the following amount n                 | nade payable to the Florida Depart                                | ment of State:  |
| \$35 Filing Fee      | ☐ \$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 Ac           |  | Street Address  |   |
| Amendmen             | t Section<br>Corporations                    | Amendment Section Division of Corporations                        |   |
| P.O. Box 6           | •  | Clifton Building  |   |
|                      | e, FL 32314                                  | 2661 Executive Center Circle                                      | e   |

Tallahassee, FL 32301

## Articles of Amendment

**Articles of Incorporation** 

| Larester<br>Larester | 1  | 1    | 21'XT<br>2'XXII |         |
|----------------------|----|------|-----------------|---------|
| į.                   | Ž, | 1.77 | -               | المودنا |

10 JAN 21 AM II: 27

(Name of Corporation as corrently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

ALLAHASSEE FLORIDA

| A. If amending name, enter the new name of   | •   |  |
|--|---|--|
| Ospry Aviation of  | Broward Inc.  The new he word "corporation," "company," or "incorporated" or the                                  |  |
| abbreviation "Corp.," "Inc.," or Co.," or the a  | designation "Corp," "Inc," or "Co". A professional corporation fessional association," or the abbreviation "P.A." |  |
| B. Enter new principal office address, if appli  | icable: 714 NW 12310 Drive  |  |
| (Principal office address <u>MUST BE A STREET</u>  | COLD Spring C   |  |
|  | 33011   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Cord Springs F1 33011 |   |  |
|  | Cord Springs F1 33071   |  |
| D. If amending the registered agent and/or re<br>new registered agent and/or the new regist                    | egistered office address in Florida, enter the name of the tered office address:                                  |  |
| Name of New Registered Agent:  | M. Glenn Cullan, III. P.A.  |  |
|  | 2400 East Commercial Blud. Cossid Louxr<br>(Florida street address) Suite 208                                     |  |
| New Registered Office Address:   |   |  |
| -  | City) (Zip Code)  |  |
| New Registered Agent's Signature, if changing  |   |  |
| I hereby accept the appointment as registered ag   | gent. I am familiar with and accept the obligations of the position.  |  |
| -  | ignature of New Registered Agent if changing  |  |
| V14  | ισυστυρο οτ ινουν κοσισιονοσ Δσονί τι συσυσινα  |  |

|              | ng the Officers and/or Directors, enter t   |                              |                |
|--------------|---|------------------------------|----------------|
|              | and title, name, and address of each Off  | icer and/or Director being : | added:         |
| (Attach ad   | ditional sheets, if necessary)  |                              |                |
| <u>Title</u> | <u>Name</u>   | Address                      | Type of Action |
|              |   |                              |                |
|              |   | <u> </u>                     | LI Kellove     |
|              | NIA   |                              | Add Remove     |
|              |   |                              |                |
| (attach      | additional sheets, if necessary). (Be spe   | cific)                       |                |
|              |   |                              |                |
|              |   |                              |                |
| provis       | amendment provides for an exchange, resions for implementing the amendment inot applicable, indicate N/A) | if not contained in the amer |                |
|              |   |                              |                |
|              |   |                              |                |
|              |   | NIA                          |                |
|              |   |                              |                |
|              |   |                              |                |
|              |   |                              |                |

| The date of each amendment(s                           | adoption: 1/20 12/29/09   |
|--|---|
|  | (date of adoption is required)  |
| Effective date <u>if applicable</u> :                  |   |
| (  | no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                               | (CHECK ONE)   |
| /  | (CHECK ONE)   |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.   |
|  | approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes ca                                | st for the amendment(s) was/were sufficient for approval  |
| by   | voting group)   |
| (1   | oting group)  |
| The amendment(s) was/were action was not required.     | adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/were action was not required.     | adopted by the incorporators without shareholder action and shareholder   |
| Dated  | 1/20/2010   |
| Signature  | V XXXX  |
| select   | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |
|  | Stex Radotic  |
|  | (Typed or printed name of person signing)   |
|  | President   |
|  | (Title of person signing)   |