## P00094317

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(Cit	y/State/Zip/Phone	e #)
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SCORETARY OF STATE

OCT 3 0 2018 S. YOUNG

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Wildcat Flying Set	rvice Inc	
DOCUMENT NUM	BER: P00000094317		
	of Amendment and fee are so	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Logan Stevens		
	7727	Name of Contact Perso	n
	Wildcat Flying Service Inc		
		Firm/ Company	
	424 NW 27th Terrace		
	Address		
	Gainesville, FL 32607		
		City/ State and Zip Cod	le
TIC	17@aol.com		
	=	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:at (	397-6588
Name	of Contact Person	Area Co	/
Enclosed is a check for	or the following amount made		,
S35 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 Address			Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	
· · · · · · · · · · · · · · · · · · ·		Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Wildcat Flying Service Inc				
(Name	of Corporation as currentl	y filed with the Florida Dept. of State)		
P00000094317				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the fe	ollowing amendme	nt(s)
A. If amending name, enter the new na	ame of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corporation name	the abbreviation	ı
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		424 NW 27th Terrace		
		Gainesville, FL 32607		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		424 NW 27th Terrace	18 C SECR TALLA	
		Gainesville, FL 32607	ETA HAS	<u> </u>
			Sign	L
D. If amending the registered agent an	dar ragistared office add	ress in Marida unter the name of the	<b>₽</b> 0. <b>₹</b>	O
new registered agent and/or the per			G: 07	
Name of New Registered Agent	Logan M, Stevens		07 E DA	
	424 NW 27th Terrace			
	(Florida str	reet address)		
New Registered Office Address:	Gainesville		2607	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	<u>:</u> with and accept the obligations of the po	sition.	
, ,				

Page 1 of 4

Signature of New Registered 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	D	Thomas, Jennifer L	5137 Harvest Lane
Add			Lakeland, FL 33811
X Remove			
2) Change		<del></del>	
Add			·
Remove			
3) Change	*-		·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

	-
amendment provides for an exchange, reclassification, or cancellation of issued shares,	
visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(if not appreciate, maicute (VA)	
<u> </u>	

	October 1, 2018	
The date of each amendment(s) date this document was signed.		if other than the
	ctober 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or 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)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
October I Dated	, 2018	
<del> </del>		
Signature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Logan M. Stevens	
	(Typed or printed name of person signing)	<del></del>
	President and CEO	
	(Title of person signing)	<del></del>