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SLOTT & BARKER

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December 26, 2002

Department of State Division of Corporations (Amendments and Fictitious Name) P. O. Box 6327 Tallahassee, Florida 32314

Re:

TCC Aviation, Inc. Name Change to K & M Enterprises of North

Florida, Inc. and Fictitious Name Application

Document No. P00000110360 FEI Number: 59-3686489

Our ref.: TCC/Corp (AHS)

Ladies and Gentlemen:

Our office represents TCC Aviation, Inc. as Registered Agent. An original and copy of Name Change Amendment are enclosed for filing, together with a check for \$35.00 in payment of your fees. Kindly return the acknowledgment copy, together with your letter showing the effective date of the Name Change Amendment to our office at the address listed above.

I also enclose and original and copy of Fictitious Name Registration Application and check for \$50.00 as the processing fee. Please return the acknowledgment copy and your letter showing the effective date. Thank you for your assistance.

Very truly yours,

Carol-Anne Hallam, CLA Certified Legal Assistant

Carl Arre Hallam

:cah Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF TCC AVIATION, INC.



Pursuant to the provisions of Section 607.1006, Florida Statutes, this corporation adopts the following articles of Amendment to its Articles of Incorporation:

FIRST:

The name of this corporation is:

K & M Enterprises of North Florida, Inc.

SECOND: These Amendments to the Articles of Incorporation were approved and adopted by the shareholders of the corporation on December 5, 2002 in the manner prescribed by the Florida Business Corporation Act. The number of votes cast for the Amendments were sufficient for approval.

Signed this 10th day of December, 2002.

KEVIN KENNEY, Challman of the Board of Directors

EYDIE J. KENNEY, President of the

Corporation

State of Florida)
County of Clay)

The foregoing instrument was acknowledged before me this _____ day of December, 2002 by Kevin Kenney and Eydie J. Kenney of TCC Aviation, Inc. Witness my hand and seal this _____ day of December, 2002, at ______ OransePark______, State and County aforesaid.

Notary Public, State of Florida

Stamp/Seal:

My Commission Expires:

