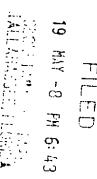
P02000028644

(Requestor's Name)		
(A	ddress)	
(A	ddress)	<u>. </u>
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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MAY 1 7 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 24 HR AIR	SERVICE, INC.		
DOCUMENT NUMBER: P02000028644			
The enclosed Articles of Amendment and fed	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
DUNN, M			
	Name of Contact Pers	on	
24 HR AIR SERVICE	E, INC.		
20725 NE 16TH AVE	Firm/ Company E, A21		
	Address		
MIAMI, FL 33179			
	City/ State and Zip Co	de	
24HRAIRSVC@BELLSOU	JTH.NET		
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter	er, please call:		
AUDREY DUNN	305 ar (653-5858	
Name of Contact Person Area Code & Daytime T)	
Enclosed is a check for the following amount	t made payable to the Florida De	partment of State:	
□ \$35 Filing Fee □\$43.75 Filing F Certificate of S		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divis Clifte	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ю

21 HD ATD SDVICE INC

(<u>Name</u>	of Corporation as current	<u>ly filed with the Florida</u>	Dept, of State)	
P02000028644				
1. 1.	(Document Number of	of Corporation (if known))	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporat	tion adopts the following amendme	nt(s
A. If amending name, enter the new n	ame of the corporation:			
N/A			The new	i
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	"Co". A professional co	ncorporated" or the abbreviation	
B. Enter new principal office address.	, if applicable:	N/A		
(Principal office address MUST BE A S			20 0 1	
			- C + d	1
C. Enter new mailing address, if appl		N/A	*:*	1
(Mailing address MAY BE A POST	OFFICE BOX)			-
			<u> </u>	
			_μ ω	
				
If amending the registered agent an new registered agent and/or the ne			e name of the	
	N/A	<u></u>		
Name of New Registered Agent				
	(Florida st. N/A	reet address)		
New Registered Office Address:		727	Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent	:		
hereby accept the appointment as regis			atjons of the position.	
-17.	Signature of New I	Registered Agent, if chans	gino	

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	<u>PT</u>	John Doc	
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>Addręs</u> s
1) Change	P	ROGER RICKETTS	20725 NE 16TH AVE, STE A21
			MIAMI, FL 33179
Add X Remove			
2) Change			
Add			
Remove			
3) Change			, p
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	 If amending or adding additional Arti (Attach additional sheets, if necessary). WA 	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)	If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	(if not applicable, indicate N/A)	noment it not contained in the amendment user:
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•	MAI 1,2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this capartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	nent
	for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	der
action was not required.		
05/01/19		
Dated		
Signature	line Rebett	
(By a 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 conted fiduciary by that fiduciary)	
	ROGER RICKETTS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	