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SECRETARY OF STATE

FLED

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AVICAGET & TURBING SUPPORT CORTORATION					
DOCUMENT NUMBER: PO200032968					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person AIRCRAFT & TURBUNE SUPPORT CORPORATION					
2545 PALM AVE					
Address FT. W/EAS, FL. 33916 City/ State and Zip Code					
E-mail address (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (239) 269-480 Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

, of	FILED
AIRCRAFT & TURBINE SUPPORT CORPORATION	2018 AUG 20
(Name of Corporation as currently filed with the Florida Dept.	of \$ 1:30
P02000032968	TALLAHAS OF STATE
(Document Number of Corporation (if known)	OSEE, FILE
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation ad	opts the following amendment(s) to

	1 U DOU UU O C	<u> </u>	- THASSEE	
	(Document Number	of Corporation (if known)	OSEE, F	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adopts the	he following amendn	
A. If amending name, enter the new nan	e of the corporation:			
			The ne	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or	"Co". A professional corporation n	or the abbreviation	
3. Enter new principal office address, if		2545 Palm AVE	• · · · · · · · · · · · · · · · · · ·	
Principal office address <u>MUST BE A STI</u>	REET ADDRESS)	PT. MYERS, FL.	33916	
7 Paton nous malling address if and to	I.I.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2545 PALM AVE.		
		FT. MYERS, FL	. 33916	
 If amending the registered agent and/ new registered agent and/or the new registered. 	<u>or registered office addres</u>	dress in Florida, enter the name of thess:	<u>he</u>	
Name of New Registered Agent	N/A			
, -	(Florida s	treet address)		
	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Registered Office Address:	<u> </u>	(Ciry), Florid	da(Zip Code)	
		(City)	(zip Code)	
iew Registered Agent's Signature, if cha	nging Registered Agen	<u>t:</u>		
hereby accept the appointment as register	ed agent. I am familiar	with and accept the obligations of the	e position.	
	Signature of New	Registered Agent, if changing		
	210/10/10 03 110/1	respected reserves of creatistics		

NA

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>174</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	_	_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change	_			
Add		_		
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Remove				
O Ch				
6) Change		_		
Add				
Pamova				

(Attach addition	al sheets, if necessary).	icles, enter change (Be specific)	e(s) nere:		
N/A					
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provisions for	nt provides for an exchimplementing the ame	<u>ndment if not con</u>	tion, or cancellati tained in the ame	on of issued shares ndment itself:	<u>.</u>
10_[11		<u> </u>			
					,,, , , , , , , , , , , , , , , , , ,
		<u> </u>			
				<u>-</u> .	

The date of each amendment(s) adoption: date this document was signed.	SCPT. 1, 2018	, if other than the
Effective date if applicable:	SEPT. 1 2018 (no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does n document's effective date on the Department of		quirements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		or the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amer	ndment(s) was/were sufficient for approve	1
by(vol	ting groun}	``
The amendment(s) was/were adopted by the action was not required. The amendment(s) was/were adopted by the action was not required.		
selected, by an inco appointed fiduciary	ident or other officer – if directors or officer propagator – if in the hands of a receiver, to	
Llan	rold J. Smith (Typed or printed name of person signing)
	COO (Title of person signing)	<u> </u>