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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : QUARLES & BRADY LLP

Account Number : I20000000067 Phone : (239)434-4922 Fax Number : (239)213-5452

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN EUROFLIGHT, INC.

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COVER LETTER

TO: Amondment S Division of Co	ection orporations		
NAME OF CORP	ORATION: EUROFLIGHT,	INC.	
	MBER: P03000001076		
The enclosed Article	es of Amendment and fee are	submitted for filing,	
Please return all cor	respondence concerning this n	nattor to the following:	
	Pamela Lundborg, Esq.		
		Name of Contact Pers	ОЛ
	Quaries and Brady, LLP		
		Firm/ Company	
	1395 Panther Lane Suite 30	· •	
		Address	
	Naples, FL 34109		
		City/ State and Zip Co	de
	pam.lundborg@quarles.com	and murphyl 177@gmai	l.com
	E-mail address: (to be u	sed for future annual repor	t notification)
For further information	on concerning this matter, plea	ise call:	
Pamela Lundborg		at / 617	967-7402
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Contificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclesed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

COVER LETTER

TO: Amendment Se Division of Co				
NAME OF CORPO	ORATION: EUROFLIGHT, I	NC.		
	ИВЕR: P03000001076			
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.		
Please return all corr	respondence concerning this m	atter to the following:		
	Pamela Lundborg, Esq.			
		Name of Contact Perso	วส	
	Quarles and Brady, LLP			
		Firm/ Company		
	1395 Panther Lane Suite 300)		
		Address		
	Naples, FL 34109			
		City/ State and Zip Cod	le	
	pam.lundborg@quarles.com			
	E-mail address: (to be u	sed for future annual report	t notification)	
For further information	on concerning this matter, plea	se call:		
Pamela Lundborg		at (617	967-7402	٠.
Name	of Contact Person	Area Co	967-7402 dc & Daytime Telephone Number	
Enclosed is a check f	or the following amount made			
■ \$35 Piling Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	ciling Address condment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The Co 2415 ?	Address Iment Section on of Corporations contre of Tallahassee V. Monroe Street, Suite 810 assec, FL 32303	

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Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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Articles of Amendment to Articles of Incorporation

Name of Corporation as currently filed with the Florida Dept. of State) P0300001076 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company, "or "incorporated" or the abbreviation "Corp." "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Bryson City, NC 28713 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent CT Corporation System [200 South Pine Island Road (Florida street address) Plantation Florida [216 Code)	EUROFLIGHT, INC.		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Bryson City, NC 28713 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. C. Corporation System 1200 South Pine Island Road (Forlda street address) Plantation Florida		e of Corporation as current	v filed with the Florida Dept. of State)
A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Bryson City, NC 28713 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 1200 South Pine Island Road (Florida street address) Plantation , Florida 33324		(Document Number o	f Corporation (if known)
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Bryson City, NC 28713 C. Enter new mailing address MAYBE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 1200 South Pine Island Road (Florida street address) Plantation Plantation Florida	Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
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Name of New Registered Agent 1200 South Pine Island Road (Florida street address) New Registered Office Address: Plantation , Florida 33324	D. If amending the registered agent as new registered agent and/or the ne	nd/or registered office addr w registered office address:	ess in Florida, enter the name of the
1200 South Pine Island Road (Florida street address) New Registered Office Address: Plantation, Florida 33324			.
New Registered Office Address: Plantation Florida 33324		1200 South Pine Island Ros	d
New Registered Office Address: Plantation , Florida 33324 (City) , Florida (Zip Code)		(Florida stre	et address)
(City) (Zip Code)	New Registered Office Address:		, Florida 33324
		(1	City) (Zip Code)
	New Registered Agent's Signature, If c hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar w	ith and accept the obligations of the position.
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Step	have Honey	Stephanie Hencz, Assistant Secretary
New Registered Agent's Signature, If changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Stephanie Hencz, Assistant Secretary Signature of New Registered Agent, if changing		Signature of New Reg	gistered Agent, if changing

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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= Secretory; 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 heid. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is Itsted 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.

X Change	<u>PT</u>	John I	<u>Poc</u>	
X Remove	<u>v</u>	Mike J	lones	
_X Add	<u>\$V</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4)Change		_		
Add				<u> </u>
Remove				
5) Change		-		
Add				
Remove				
S) Change		_		
Add				
Pamoua				

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And the contract among agents of the contract of the contract

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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	and the control of th
ovisions for implementing the amount	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	intentition contained in the amendment itself:
(y applicable, mineale roxi)	

The date of each amendment(s) adoption: if other than the date this document was signed, Effective date if applicable: he

and the date it approachie;		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.	ı ti
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted in by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
The amendment(s) was/were approved must be separately provided for each was	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the anendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(7) and a violation (of approvide	
	(voting group)	
		"
December 26, 202	_	ر د
Dated		
· / /	\mathcal{N} 11 \sim 5	•
Signature /	1 worthy	
(by a director, selected by on	president of other officer - if directors or officers have not been incorporator - if the hands of a receiver, trustee, or other court	
appointed fidu	ciary by that fiduciary)	
	· · · · · · · · · · · · · · · · · · ·	i
Patrick	Murphy	
 -	(Typed or printed name of person signing)	
Preside	nt	

(Title of person signing)