## P03000078529

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Complete	Air Service, Corp	
DOCUMENT NUMBER: P03000078529	Acceptable of the September of the Septe	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
William Schork		
Name o	of Contact Person	
William Schork Complete	e Air Services. Corp	
	m/ Company	
524 Paul Morris Dr. Suite	e H	
	Address	<del></del>
Englewood, FL 34223		
	ate and Zip Code	
complete oire en ico @ve	haa aam	
completeairservice@ya E-mail address: (to be used	for future annual report notification)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
For further information concerning this matter,	please call:	
Lou Anne Smith	at ( 941 ) 475 1589	
Name of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount m	ade payable to the Florida Depart	ment of State:
\$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

## William Schork Complete Air Services, Corp

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000078529

(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) to its Articles of Incorporation:

A.	If amending name	enter the new n	name of the corporation:

new name must be distinguishab corporated" or the abbreviation "Cor o". A professional corporation ociation," or the abbreviation "P.A."	rp.," "Inc.," or Co.,	" or the designation	"Corp," "Inc," or
Enter new principal office address, if incipal office address MUST BE A ST			
Enter new mailing address, if applic	able:		
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)		
			<del></del>
			enter the name of the
			enter the name of the
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:  New Registered Office Address:	registered office add		enter the name of the
new registered agent and/or the new  Name of New Registered Agent:	registered office add	ress:	enter the name of the , Florida (Zip Code)

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>	Ade	dress	
1) <u>P</u>	William J. Schork, Jr	524 Paul Moi	rris Dr	
,	· · · ·	Suite H	· · · · · · · · · · · · · · · · · · ·	
		Englewood	, FL 34223	
2) ∨	Lou Anne Smith	524 Paul Mo	rris Dr	
<i>-</i> /		Suite H		<del></del>
		Englewood, F	L 34223	
3) Sec	Jody Kappelmann	504 David Manual	in Da	
3) <u>000</u>	оосу тарроппали	Suite H	s Dr .	· · · · · · · · · · · · · · · · · · ·
		•	34223	
4) <u>T</u>	Emil Tomov	1013 Pine	eland Ave	
/ <del></del>		Venice, FL 3		
5)				
				<del></del>
6)		<del></del>		
		<del></del>		
		<del> </del>	<del> </del>	
If REMOVING an removed:	officer and/or director, pleas	e list the title(s) and n	ame of the office	r/director to be
Title(s)	<u>Name</u>	Title(s)	Name	
1)		4)		
2)		5)		
3)		6)		

E	E. If amending or adding additional Articles, enter change(s) here		
(	(attach additional sheets, if necessary).	(Be specific)	
F.	If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
F.	provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
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F.	provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	

The date of each amendmen	ot(s) adoption: October 28,2011
Effective date <u>if applicable</u> :	October 28, (date of fadoption - required)
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated OC Signature	tober 28, 2011
(B)	y a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	William Schork
	(Typed or printed name of person signing)
	President
	(Title of person signing)