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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Airport Express of	St. Augustine, Inc.		
	IBER: P03000102515			
The enclosed Article	s of Amendment and fee are su	abmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	J. Russell Collins			
		Name of Contact Person	n	
	Rusty Law, LLC			
		Firm/ Company		
	2493 US Highway 1 South			
		Address		
	Saint Augustine, Florida 320	86-6077		
	1.17.12	City/ State and Zip Cod	e	
	F-mail address: (to be u	sed for future annual report	notification)	
		are an income annual report	The tribution,	
For further information	on concerning this matter, pleas	se call:		
Rusty Collins		904 at (829-6600	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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			Address	
	nendment Section vision of Corporations	Amendment Section Division of Corporations		
P.C). Box 6327	Clifton Building		
Tal	llahassee, FL 32314	2661 Executive Center Circle		
		1 allaha	assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Airport Express of St. Augustine, Inc.

(Name o	of Corporation as cur	rently filed with the Flo	orida Dept. of State)	,		
P03000102515						
	(Document Num	ber of Corporation (if kn	own)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes.	, this <i>Florida Profit Corp</i>	poration adopts the fo	ollowing	amendi	ment(s) to
A. If amending name, enter the new na	ime of the corporatio	<u>n:</u>				
					The n	ew.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,"	or "Co". A profession	r "incorporated" or nal corporation name	the abl	breviati	on
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				-		-
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)				<u></u> 程度 程。	19 Jul 2	- = = = = = = = = = = = = = = = = = = =
				·	29 FX 8:	- [] -
D. If amending the registered agent an new registered agent and/or the new			er the name of the	· ; ·	:20	
Name of New Registered Agent	Wayne Acosta					
	46 Surf Drive					
	(Flori	da street address)	•			
New Registered Office Address:	Saint Augustine			32080-7414 , Florida		_
	(City)			(Zip Code)		

Signature of New Registered Agent, if changing

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 Doe	
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>Addres</u> s
1) Change	PSD	Acosta, Joan	46 Surf Drive
Add			Saint Augustine, FL 32080
X Remove			
2) X Change	PSD	Acosta, Wayne	46 Surf Drive
Add			Saint Augustine, FL 32080
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	-1		
Remove			
6) Change		_	
Add		·	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. 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)
N/A

•	July 12th, 2019	
The date of each amendment(s) date this document was signed.	adoption:	if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
July 12th	n. 2019	
Dated		
	Mehre Mosta	
Signature _/(By a	director, president or other officer – if directors or officers have not been	
selec	eted by an incorporator – if in the hands of a receiver, trustee, or other court	
appe	pinted fiduciary by that fiduciary)	
	Wayne Acosta	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

as th