

FD30001 147912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

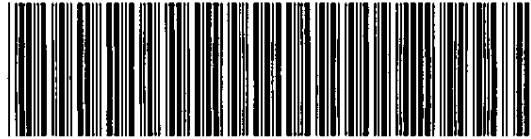
(Business Entity Name)

(Document Number)

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15 JUL 13 PM 3:00
MAIL ROOM
FALLS CHURCH, VIRGINIA

And
JUL 15 2015
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Airshows Consulting Enterprises Inc

DOCUMENT NUMBER: P03000114792

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon P. Hall

Name of Contact Person

Airshows Consulting Enterprises Inc

Firm/ Company

727 Via Tripoli, A-111

Address

Punta Gorda, FL 33950

City/ State and Zip Code

hhentl@centurylink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon P. Hall

at (941) 637-5998

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

☒ \$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

15 JUL 13 PM 3:00

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

Airshows Consulting Enterprises, Inc.

(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 name of the corporation:

N/A

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**)

727 Via Tripoli, A-111

Punta Gorda, FL 33950

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change	<u>P</u>	<u>Sharon P. Hall</u>	<u>727 Via Tripoli, A-111</u>
<u> </u> Add			<u>Punta Gorda, FL 33950</u>
<u> </u> Remove			
2) <u> </u> Change	<u>P</u>	<u>Robert L. Hall (now deceased)</u>	<u>727 Via Tripoli, A-111</u>
<u> </u> Add			<u>Punta Gorda, FL 33950</u>
<u>X</u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> 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)

06/19/2015

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

06/19/2015

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

06/19/2015

Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sharon P. Hall

(Typed or printed name of person signing)

President

(Title of person signing)

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.
BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015080591

DATE ISSUED: June 2, 2015

DECEDENT INFORMATION

STATE FILE DATE: May 29, 2015

NAME: ROBERT LEE HALL

DATE OF DEATH: May 24, 2015

SEX: MALE

AGE: 076 YEARS

DATE OF BIRTH: June 23, 1938

SSN: 276-36-8916

BIRTHPLACE: DAYTON, OHIO, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: FAWCETT MEMORIAL HOSPITAL

LOCATION OF DEATH: PORT CHARLOTTE, CHARLOTTE COUNTY, 33952

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): SHARON P HART

RESIDENCE: 727 VIA TRIPOLI APT NO. A111, PUNTA GORDA, FLORIDA 33950, UNITED STATES

COUNTY: CHARLOTTE

OCCUPATION, INDUSTRY: AIR TRAFFIC CONTROLLER, US GOVERNMENT

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native-Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: DELBERT HALL

MOTHER: EVELYN STICKEL

INFORMANT: SHARON HALL

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 727 VIA TRIPOLI APT NO. A111, PUNTA GORDA, FLORIDA 33950, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: SOUTHEASTERN CREMATORY
PUNTA GORDA, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: MILDRED COUGHLIN, F019515

FUNERAL FACILITY: NATIONAL CREMATION SOCIETY - PORT CHARLOTTE F040981
2525 B TAMiami TR, PORT CHARLOTTE, FLORIDA 33952

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1439

CERTIFIER'S NAME: MARK CHARLES DROFFNER

CERTIFIER'S LICENSE NUMBER: OS6075

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED

Ken Jones
State Registrar
THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:

REQ: 2015999817



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

