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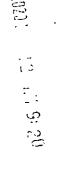
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COVER LETTER . . .

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SPACE COAST J	ET CENTER, INC.	
	IBER:		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Gary Sarabia		,
		Name of Contact Perso	n ,
	GARY SARABIA, CPA		
		Firm/ Company	
	152 WHITAKER ROAD	• •	
		Address	
	LUTZ, FLORIDA 33549		
		City/ State and Zip Cod	e
	pward@airscan.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Patricia L. Ward		at (³²¹) 567-9000 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment 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 Tallahassec, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation



	Articles of	Amendment	
		to	./,
		ncorporation of	
SPACE COAST JET CENTER, INC.			() () () () () () () () () () () () () (
(Name	of Corporation as currer	ntly filed with the Florida Dept. of State)	<u>د</u>
P04000116480	-		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the fo	ollowing amendment(
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co",	"company," or "incorporated" or the abb. A professional corporation name must ."	Thenew reviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		c/o Gary Sarabia, CPA	
		152 WHITAKER ROAD	
		LUTZ, FL 33549	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o Gary Sarabia, CPA	
		152 WHITAKER ROAD	
		LUTZ, FL 33549	
If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent			<u></u>
	152 WHITAKER ROAD	_ <u></u>	
		street address)	15.40
		3.7	3549
New Registered Office Address:	LUTZ	, Florida, Florida	(Zip Code)

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

Jon, Marchi.
Signature of New Registered Agent, if changing

Check if applicable

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

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)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change		-	-
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

· · · · · · · · · · · · · · · · · · ·	(Be specific)
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f an amendment provides for an each	hange reclassification or cancellation of issued charac
f an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment proyides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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	NOVEMBER 1, 2020	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this diartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder act	tion and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	t(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	neni
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	•
Signature <u> </u>	thicial word.	
selected,	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
P	'ATRICIA L. WARD	
_	(Typed or printed name of person signing)	
\	/ICE-PRESIDENT, SECRETARY	
_	(Title of person signing)	