P04000148262

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	į	
Certified Copies Certificates of Status	-	
Special Instructions to Filing Officer:		
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CRETARY OF STATE

L. C. Carrellar Carrellar

FILED

1.501-665-0858

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

UBJECT: SKYMASTER AVIATION INC. (Name of Corporation) PO4000148262
OCUMENT NUMBER: P04000148262
he enclosed Articles of Correction and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
DON BUENEMAN (Name of Person)
7601. EAST TREASURE DR. (206)
SKYMASTER AVIATION INC (Name of Firm/Company) THEASURE DR. (PH) (Address) N. BAY VILLAGE, FL 33141
(City/State and Zip Code)
or further information concerning this matter, please call:
Non BUENEMAN at (305) 803 - 6393 (Name of Person) at (305) 803 - 6393 (Area Code & Daytime Telephone Number)
nclosed is a check for the following amount:
\$35.00 Filing Fee \$\times\$ Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

IU.			
SKYMASTER AVIANON INC. Name of Corporation as currently filed with the Florida Dept. of State		2	
Name of Corporation as currently filed with the Florida Dept. of State	- 100 - 200	×.	
P04000148262 Document Number (if known)	ETARY	04 NOV -5 PH	FILE
Pursuant to the provisions of Section 607 0124 or 617 0124 Florida Statutes, this corporation files	TOT -	-	Ö
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.	E SE	ري ج	
these Articles of Correction within 30 days of the file date of the document peing corrected. These Articles of Correction correct. The Articles of Theorparation	<u> </u>	ij	
filed with the Department of State on			
Specify the inaccuracy, incorrect statement, or defect:			
/ VP/S. LAWRA CADIGATO	- 14-		
SHOW VP/S. LAWRA CADIGAN TOOL. E TREASURE OR WEN NIASE FL 3	TIP	14 2	-04
WEN N. BAY VILLASE FL 3	?31	11	
M. BAY VIIASE FL. 3			
011			
Correct the inaccuracy, incorrect statement, or defect:			
SHOUD BE) ONLy (1) DIRECTOR / PRESIDENS			
- Control of the cont			
DON BUE NEMAN			
7601 F DREAMER DE # Ph 20	,6		
NRANVIIISEE, L 33141			
X Da S. Bren			
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)			
DON BUENEMAN (Typed or printed name of person signing) DON BUENEMAN Filing Foot \$35.00			
(Typed or printed name of person signing) (Title of person signing) Filling Fee: \$35.00			