## P04000149950

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         |                    |           |
| (Ac                     | ldress)            |           |
|                         |                    |           |
| (Ac                     | idress)            |           |
|                         |                    |           |
| (Ci                     | ty/State/Zip/Phone | · #)      |
| <b>—</b>                | <del></del>        |           |
| ☐ PICK-UP               | TIAW               | MAIL      |
|                         |                    |           |
| (Bu                     | isiness Entity Nam | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
|                         |                    | ,         |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer     |           |
| Openial instructions to | r ming Officer,    |           |
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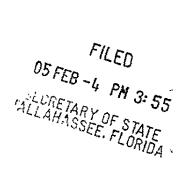
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: BOB'S AIREPA               | AIR, INC.   |   |
|---|---|---|
| DOCUMENT NUMBER: P04000149950                   |   |   |
| The enclosed Articles of Amendment and fee a    | are submitted for filing.   |   |
| Please return all correspondence concerning th  | is matter to the following:   | •   |
| ROBERT TEARS                                    |   |   |
| (Name   | of Contact Person)  | <del></del>   |
|   | irm/ Company)   | <u> </u>  |
| (11)  | une Company)  |   |
| 4175 EAST BAY DR. SUITE 104                     |   |   |
|   | (Address)   | -   |
| CLEARWATER, FL 33764                            |   |   |
| (City/S   | State/ and Zip Code)  |   |
| For further information concerning this matter, | , please call:  |   |
| ROBERT TEARS                                    | at ( 727 ) 539-1888   |   |
| (Name of Contact Person)                        | (Area Code & Daytime T  | 'elephone Number)   |
| Enclosed is a check for the following amount:   |   |   |
| □ \$35 Filing Fee                               | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Mailing Address Amendment Section               | Street Address Amendment Section                                    | ı   |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## Articles of Amendment to Articles of Incorporation of



| BOR'S AIREPAIR IN |  |
|-------------------|--|

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

| P  | 04000149950  |
|--|--|
|  | (Document number of corporation (if known)   |
|  | provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> wing amendment(s) to its Articles of Incorporation:   |
| NEW CORPO                                | RATE NAME (if changing):   |
| AIR REPAIR ASS                           |  |
| Must contain the v<br>A professional cor | ord "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") poration must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| <u>AMENDMENT</u>                         | S ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)   |
| ind/or Article T                         | itle(s) being amended, added or deleted: (BE SPECIFIC)   |
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|  | (Attach additional pages if necessary)   |
|  | t provides for exchange, reclassification, or cancellation of issued shares, provisions g the amendment if not contained in the amendment itself: (if not applicable, indicate N/                  |
|  |  |
| •  |  |

(continued)

| The date of each amend        | Iment(s) adoption: FEBI     | RUARY 1, 2005  |
|-------------------------------|-----------------------------|--|
| Effective date if applica     | ble:                        |  |
|                               | (no more than 90 days       | s after amendment file date)   |
| Adoption of Amendmen          | nt(s) ( <u>CHECK O</u>      | <u>NE</u> )  |
|                               |                             | by the shareholders. The number of votes cast for was/were sufficient for approval.                                  |
| following stat                |                             | by the shareholders through voting groups. The provided for each voting group entitled to vote                       |
| "The num                      | ber of votes cast for the a | mendment(s) was/were sufficient for approval by  |
|                               |                             | (voting group)   |
| and sharehold  ☐ The amending | er action was not require   | y the board of directors without shareholder action d.  y the incorporators without shareholder action and           |
| Signed this 1ST da            | •                           |  |
|                               |                             | her officer - if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary) |
|                               | ROBERT TEARS                |  |
|                               | (Typed or pr                | inted name of person signing)  |
|                               | PRESIDENT                   |  |
|                               | Γ)                          | itle of person signing)  |

FILING FEE: \$35