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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2011

TAYLOR HART AOMAC 700 11TH STREET SOUTH PH2 NAPLES, FL 34102

SUBJECT: AMERICAN OVERSEAS MANAGEMENT AND ADMINISTRATION

CORPORATION

Ref. Number: P04000157331

We have received your document for AMERICAN OVERSEAS MANAGEMENT AND ADMINISTRATION CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 611A00016175



COVER LETTER

T6: Amendment Section Division of Corporations

| NAME OF CORPORATION | :American oversea. | s management an | 1 Administration | co rporation |
|--|--|--|--|--------------|
| DOCUMENT NUMBER: | P0400015 | 733\ | i | |
| The enclosed Articles of Amend | dment and fee are submit | ted for filing. | | |
| Please return all correspondence | e concerning this matter | to the following: | | |
| | Taylor Name of Co | Hart ntact Person | · . | |
| | A O M | MAC_ | | |
| | 700 11th S | treet South | PHZ | |
| N | apes, FL City/State as | 34102 nd Zip Code | | |
| E-mail | Faylor @ aon address: (to be used for future | annual report notification) | | |
| For further information concern | ing this matter, please ca | ıll: | | |
| Name of Contact Pers | son at (| 239 <u> </u> | 4310 phone Number | |
| Enclosed is a check for the follo | owing amount made paya | ble to the Florida Departr | nent of State: | |
| | ate of Status C | 43.75 Filing Fee & ertified Copy dditional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is end | closed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Ame s Div Clif | eet Address endment Section ision of Corporations ton Building | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| American Overseas Manage (Name of Corporation as curre | gement and Ad | Iministration Corporation la Dept. of State) | |
|---|----------------------------|---|------|
| P0400015 | | | |
| | ber of Corporation (if kno | own) | |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | , Florida Statutes, this F | Clorida Profit Corporation adopts the following | 3 |
| A. If amending name, enter the new name of | the corporation: | | |
| | | The new | |
| name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj | designation "Corp," "Inc | c," or "Co". A professional corporation | |
| B. Enter new principal office address, if appl (Principal office address MUST BE A STREE | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | | 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | | FILED FILED | `&`, |
| D. If amending the registered agent and/or renew registered agent and/or the new regis | | in Florida, enter the name of the | |
| Name of New Registered Agent: | | - A SEE - | |
| New Registered Office Address: | (Florida street d | address) | |
| | (Cin.) | , Florida (Zip Code) | |
| | (City) | (Lip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a | | and accept the obligations of the position. | |
| | ignature of New Pagistere | ad 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)

| Tit | <u>Name</u> | <u>Address</u> | Type of Action |
|----------------|--|--|-----------------------|
| C | Sylvain Chevalier | 5678 Lago Villagio Naples FL 34104 | ☑ Add □ Remove |
| | <u> </u> | | ☐ Add ☐ Remove |
| •• | | | ☐ Add ☐ Remove |
| | If amending or adding additional Articles, enter (attach additional sheets, if necessary). (Be specified) | | |
| | | | |
| _ - | | | |
| | | | |
| F. | If an amendment provides for an exchange, reprovisions for implementing the amendment is (if not applicable, indicate N/A) | eclassification, or cancellation of issues for the contained in the amendment it | ued shares, tself: |
| | | | |
| | | , | |
| | | | |
| | | | |

| The date of each amendment(s | / · — | <u>Jone</u> | <u>23</u> | 106 |
|---|------------------------------|--------------------|------------------------|--|
| Effective date <u>if applicable</u> : _ | (no more than 20 day | ate of adoption | | |
| | (no more inan 20 g ay | s ajier amenan | ieni jiie aaie) | |
| Adoption of Amendment(s) | (<u>CHECK</u> | (ONE) | | |
| The amendment(s) was/were by the shareholders was/wer | | | umber of vot | es cast for the amendment(s) |
| The amendment(s) was/were must be separately provided | | | | ups. The following statemen on the amendment(s): |
| "The number of votes ca | ast for the amendmen | t(s) was/were s | ufficient for a | pproval |
| by | voting group) | | | |
| (| voting group) | | | |
| The amendment(s) was/were action was not required. | adopted by the board | d of directors w | ithout shareho | older action and shareholder |
| The amendment(s) was/were action was not required. | adopted by the incor | rporators withou | ıt shareholdei | action and shareholder |
| Dated | une ar | 1,2011 | | |
| Signature (By a | director, president of | other officer - | if directors of | or officers have not been |
| selec | | or – if in the har | | ver, trustee, or other court |
| | (Typed or | r printed name | Har- of person sign | ling) |
| | (Title of pers | ecrefon signing) | ary | |