## P05000010411

2005 LAN 3 | AM 11: 00

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ARt. of Correction/NC

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	TECT: GROUND AVIATION SEMINARS, II	NC.
DOC	UMENT NUMBER: P05000010411	er e
The e	nclosed Articles of Correction and fee are	submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
	SONU SHUKLA, CPA (Name o	of Person)
	SONU SHUKLA, CPA (Name of Fin	rm/Company)
5950	LAKEHURST DRIVE SUITE 287	dress)
	ORLANDO, FL 32819 (City/State a	and Zip Code)
For fu	urther information concerning this matter, p	please call:
SON	U SHUKLA, CPA at (Name of Person)	( 407 ) 897-2242 (Area Code & Daytime Telephone Number)
Enclo	sed is a check for the following amount:	
	□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
	☐ \$43.75 Filing Fee & 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 DIVISION OF CORPORATIONS for 2005 JAN 3 | AM | |: 03

GROUND AVIATION SEMINARS, INC.

	urrently filed wit	

P05000010411 Document Number (if known)	
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.	
These Articles of Correction correct FOR PROFIT ARTICLES OF INCORPORATION (Document Type)	
filed with the Department of State on JAN 20, 2005 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
THE NAME OF CORPORATION NEEDS TO BE CHANGED.	_
Correct the inaccuracy, incorrect statement, or defect:	
PLEASE CHANGE THE NAME OF THE CORPORATION FROM:	_
GROUND AVIATION SEMINARS, INC.	_
TO:	_
AVIATION GROUND SEMINARS, INC.	
	_
Multiple T. Tayra 1-27-05  (Signature of a director, fresident 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.)	
MIKE MAYNARD PRESIDENT	
(Typed or printed name of person signing) (Title of person signing)	_

Filing Fee: \$35.00