## P05000019615

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: \_\_\_\_Flight Management Solutions Inc. P05000079615 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia A. Leid Name of Contact Person Thornton, Davis & Fein, P.A. Firm/ Company 1221 Brickell Avenue, Suite 1600 Address Miami, FL 33131 City/ State and Zip Code leid@tdflaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia A. Leid at (305 446-2646

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Flight Management Solutions Inc.

	ight wantgement solutions me.
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P05000079615	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the co	orporation:
√A	
	The new rd "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicable	N/A
Principal office address <u>MUST BE A STREET AD</u> I	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>N/A</u>
	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	. Florida
now no state of the new resp.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Reg	
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sion	nature of New Registered Agent, if changing
~~~	νφν <del>-</del> σν ν <b>''</b> φ'''-φ

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	PD	Simon Paul Foulk D'Oyly	222 Vibhavadee-Rangsit Rd			
Add			Don Mueang, Bangkok			
X Remove			10210 Thailand			
2) Change	PD	Navdeepak Vaid	222 Vibhavadee-Rangsit Rd			
X Add			Don Mueang, Bangkok			
Remove			10210 Thailand			
3) Change						
Add						
Remove			<del> </del>			
4) Change						
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5) Change			_			
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6) Change						
Add						
Remove						
KCHIUVC						

	ng or adding additional sheets, if nec	essary). (Be sp	ecific)			
/A						
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If an amei	ndment provides for	r an evchange r	oclassification o	r cancellation of	icenad charac	
provision	ns for implementing	the amendment	if not contained	in the amendme	nt itself:	
(if no	ot applicable, indicate	e N/A) '				
'A						
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	444					
						-

	May 1720	)16			
The date of each amendment(s) a date this document was signed.	doption:				, if other than the
Effective date if applicable:					
	(no m	iore than 90 da	ys after amendmen	t file date)	
Note: If the date inserted in this document's effective date on the D			statutory filing re	quirements, this date w	vill not be listed as the
Adoption of Amendment(s)	(CHECK C	ONE)			
The amendment(s) was/were act by the shareholders was/were so			ther of votes cast fo	or the amendment(s)	
The amendment(s) was/were ap must be separately provided for	proved by the shareh each voting group of	nolders through entitled to vote	voting groups. The separately on the a	e following statement imendment(s):	
"The number of votes cast				l	
by	(voting gro			" "	
	(voting gra	up)			
☐ The amendment(s) was/were add action was not required.	opted by the board o	f directors with	out shareholder act	ion and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorpo	rators without s	hareholder action a	and shareholder	
	19,20	14	_		
Signature	irector, president or	ather officer	if dimentant an affin	b b	
	d, by an incorporator				
	ted fiduciary by that		·	.,	
	Navdeepak Vaid	Den			
	(Typed o	n printed name	of person signing)		
	President, Director				
		(Title of per	son signing)	<del></del> .	<del></del>