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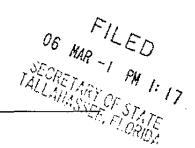
COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HELICOPTER LOGISTI	CS INC . me of Corporation)	
DOCUMENT NUMBER: P06000025		
The enclosed Articles of Correction and fee		
	•	
Please return all correspondence concerning	this matter to the following:	
R. Michael DeLoach, Esq. (Name of Contact Person)	<u>. </u>	
R. Michael DeLoach, P.A. (Firm/Company)		
PO Box 2349 (Address)		
Brandon, FL 33509-2349 (City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
R. Michael DeLoach, Esq. (Name of Contact Person)	at (813) 654-3411 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount	nt:	
\$35.00 Filing Fee	\$43.75 Filing Fee & 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, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
	Tallahassee EL 32301	

ARTICLES OF CORRECTION

for



HFLICOPTER LOGISTICS. TNC.

Name of Corporation as currently filed with the Florida Dept. of State

P06000025007

P06000025007
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 <u>Articles of Incorporation</u> (FL Profit) (Document Type Being Corrected)
filed with the Department of State on <u>February 20, 2006</u> (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Incorrect PO Box in corporate mailing address.
400
Correct the inaccuracy, incorrect statement, or defect: Corporate mailing address should read: PO Box 6598
Brandon, FL 33508-6010
(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.)
R. Michael Jelonen (Typed of printed name of person signing) (Title of person signing)

Filing Fee: \$35.00