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SECRETARY OF STATE AHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF O	CORPORATION: ClovAir Inc.		
DOCUMEN	T NUMBER: P06000117651		
The enclosed	Articles of Amendment and fee a	are submitted for filing.	
Please return	all correspondence concerning the	is matter to the following:	
	Clover Agnello, Secretary/Tre		
	(Name	of Contact Person)	
	ClovAir Inc.		
	(Fi	rm/ Company)	
	4812 Lakeland Harbor Circle		
		(Address)	
	Lakeland, Florida 33805		
	(City/ S	tate and Zip Code)	
For further in	nformation concerning this matter,	please call:	
Clover Agne	llo	at (<u>863</u>) <u>859 409</u>	90
	(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a	check for the following amount:		
☑ \$35 Filing Fe	ee \$\begin{align*} \$43.75 \text{ Filing Fee & Certificate of Status} \\ \text{Certificate of Status} \end{align*}	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ing Address Indment Section Identification of Corporations Box 6327 Inassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation of



ClovAir Inc.

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

(Name of corporation as currently filed with the Florida Dept. of State)
P06000117651
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) nd/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Please remove Kevin Shinn from all corporate records. He was one of our Vice Presidents.

(Attach additional pages if necessary)
(Attach additional pages if necessary)
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N

(continued)

The date of each amendment(s) adoption: August 25th, 2008
Effective date if applicable: August 25th, 2008
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder actio and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Scott Agnello
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35