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| (Requestor's Name)                      |       |
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| (Address)                               | 300   |
| (Address)                               |       |
| (City/State/Zip/Phone #)                |       |
| PICK-UP WAIT MAIL                       | 09.40 |
| (Business Entity Name)                  |       |
| (Document Number)                       | I     |
| Certified Copies Certificates of Status |       |
| Special Instructions to Filing Officer: |       |
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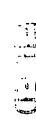
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO            | RATION: AIR PHOENIX IN          | TERNATIONAL, INC.                       | ·                             |
|--------------------------|---------------------------------|---|-------------------------------|
| DOCUMENT NUM             | BER: <u>P06000151081</u>        |   |                               |
| The enclosed Articles    | of Amendment and fee are su     | bmitted for filing.                     |                               |
| Please return all corre  | spondence concerning this ma    | tter to the following:                  |                               |
|                          |                                 |   |                               |
|                          | Ross E. Vandever Jr.            |   | ··                            |
|                          |                                 | Name of Contact Person                  | 1                             |
|                          | AIR PHOENIX INTERNAT            | IONAL, INC.                             |                               |
|                          |                                 | Firm/ Company                           | <del></del>                   |
|                          | 1440 Coral Ridge Drive Suit     | e 375                                   |                               |
|                          |                                 | Address                                 |                               |
|                          | Coral Springs, Florida 33071    |   |                               |
|                          |                                 | City/ State and Zip Code                | e                             |
|                          |                                 | ·                                       |                               |
|                          | lou@clapscpa.com                |   |                               |
|                          | E-mail address: (to be us       | sed for future annual report            | notification)                 |
|                          |                                 |   |                               |
| For further informatio   | n concerning this matter, pleas | se call:                                |                               |
|                          |                                 |   |                               |
| Ross E. Vandever Jr      |                                 | at ( 954                                | \ 646-4554                    |
|                          | of Contact Person               |   | de & Daytime Telephone Number |
|                          |                                 |   |                               |
| Enclosed is a check for  | or the following amount made    | payable to the Florida Depa             | artment of State:             |
| ■ \$35 Filing Fee        | □\$43.75 Filing Fee &           | □\$43.75 Filing Fee &                   | □\$52.50 Filing Fee           |
| □ \$.50 timig tee        | Certificate of Status           | Certified Copy                          | Certificate of Status         |
|                          | certificate of Status           | (Additional copy is                     | Certified Copy                |
|                          |                                 | enclosed)                               | (Additional Copy              |
|                          |                                 | *************************************** | is enclosed)                  |
| Mai                      | iling Address                   | Straat                                  | Address                       |
|                          | endment Section                 |   | ment Section                  |
| Division of Corporations |                                 | Division of Corporations                |                               |
| P.O. Box 6327            |                                 | The Centre of Tallahassee               |                               |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

| AIR PHOENIX INTERNATIONAL, INC.  |   |               |
|--|---|---------------|
| (Name of Corporation as curren   | tly filed with the Florida Dept. of State)  |               |
| P06000151081   |   |               |
| (Document Number   | of Corporation (if known)   |               |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:  | s Florida Profit Corporation adopts the following am  | endment(s)    |
| A. If amending name, enter the new name of the corporation:  |   |               |
| REV OUTFITTERS, INC.   | $Th_{\omega}$   | new           |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered." "professional association," or the abbreviation "P.A.  | "company," or "incorporated" or the abbreviation "C<br>A professional corporation name must contain the | Jorn. "       |
| B. Enter new principal office address, if applicable:  | N/A S   | লহ            |
| (Principal office address MUST BE A STREET ADDRESS)  | 57  |               |
|  |   |               |
|  |   | <u></u>       |
| C. Enter new mailing address, if applicable:   |   |               |
| (Mailing address MAY BE A POST OFFICE BOX)   | N/A   | ب<br><u>م</u> |
|  |   | ٥             |
|  | -   |               |
|  |   | <del></del>   |
| D. If amending the registered agent and/or registered office add   | dress in Florida, enter the name of the   |               |
| new registered agent and/or the new registered office addres   | <u>is:</u>  |               |
| Name of New Registered Agent N/A   |   |               |
|  |   |               |
| (Florida st  | treet address)  |               |
| New Registered Office Address: N/A   | . Florida   |               |
| and the state of t | (City) (Zip Code)   | <del></del>   |
|  |   |               |
|  |   |               |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar  | t:  |               |
| reces, assept are appointment as registered agent. Tum jamutar   | with and accept the obligations of the position.  |               |
|  |   |               |
|  |   |               |
| Signature of New k   | Registered Agent, if changing   |               |
|  |   |               |

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

| Α                    | ets, if necessary). (h |                         |                      |                |             |
|----------------------|------------------------|-------------------------|----------------------|----------------|-------------|
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| f an amendment pro   | ovides for an exchang  | e, reclassification, or | cancellation of issi | ied shares,    |             |
| provisions for imple | ementing the amendm    | ent if not contained i  | in the amendment     | <u>itself:</u> |             |
| 13 ant annih mil     | z, maicate (V/A)       |                         |                      |                |             |
| (if not applicable   |                        |                         |                      |                |             |
| (if not applicable   |                        |                         |                      |                |             |
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| (if not applicable   |                        |                         | <u></u>              |                | <del></del> |
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| (if not applicable   |                        |                         |                      |                |             |
| (if not applicable   |                        |                         |                      |                |             |
| (if not applicable   |                        |                         |                      |                |             |
| (if not applicable   |                        |                         |                      |                |             |

| The date of each amendment(s) adoption:  | , if other than the  |
|--|--|
| date this document was signed.   |  |
| Effective date if applicable:  |  |
| (no more than 90 days afte   | r amendment file date)                                       |
| Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.           | ory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |  |
| ■ The amendment(s) was/were adopted by the incorporators, or board of dia action was not required.   | rectors without shareholder action and shareholder           |
| ☐ The amendment(s) was/were adopted by the shareholders. The number o by the shareholders was/were sufficient for approval.                            | f votes cast for the amendment(s)                            |
| ☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately. |  |
| "The number of votes cast for the amendment(s) was/were sufficien  | t for a <b>pproval</b>                                       |
| by   | ; <b>.</b>   |
| (voting group)   |  |
| Signature  (By a director, president or other officer – if dire selected, by an incorporator – if in the hands of a                                    |  |
| appointed fiduciary by that fiduciary)   |  |
| Ross E. Vandever Jr  | <del></del>  |
| (Typed or printed name of per  | rson signing)  |
| President  |  |
| (Title of person signing)  |  |