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SECRETARY OF STATE
THAN SSEEL FLORIDS

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: NAME OF CORPORATION:  | ONAL A   | IRLINES                  | , INC   |
|--|--|--------------------------|---|
| DOCUMENT NUMBER: Po  | 70000  | 64891                    |   |
| The enclosed Articles of Amendment and fee are s   | submitted for filin  | g.                       |   |
| Please return all correspondence concerning this n   | natter to the follow   | ving:                    |   |
| Nanette L  | . Mea contact Person)  | ′×                       | <u>_</u>  |
| Nationa<br>(Firm)  |  |                          |   |
| (Firm/   | Company)   |                          |   |
| Post Of  | fice Bo  | × 75                     | <del></del>   |
| Parrish (City/ State   | FL and Zin Code)   | 34219                    | <u> </u>  |
| For further information concerning this matter, ple  |  |                          |   |
| Nanette L. Meaux<br>(Name of Contact Person)   | x at ( 94/ )   | 281-<br>& Daytime Teleph | 0234<br>one Number)   |
| Enclosed is a check for the following amount:  |  |                          |   |
| ☐\$35 Filing Fee & Certificate of Status   | \$43.75 Filing F Certified Copy (Additional copenclosed)                   |                          | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Se Division of Cor Clifton Buildin 2661 Executive | ction<br>porations       |   |

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2008

NANETTE MEAUX P.O. BOX 75 PARRISH, FL 34219

. SUBJECT: NATIONAL AIRLINES, INC.

Ref. Number: P07000064891

We have received your document for NATIONAL AIRLINES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is 857544.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 808A00050346

Dear Mr. Mustain - Attached is a new name selected per your letter. Please process at your larliest convenience. Just you Swetched

### **Articles of Amendment**

## to Articles of Incorporation of

| 1V4110N4L  | HIRLING                | <del></del>              | <del></del>        |                        |
|--|------------------------|--------------------------|--------------------|------------------------|
| (Name of Corporation as current  | ntly filed with the Fl | orida Dept. of Sta       | <u>ite</u> )       |                        |
| P07000   | 0064891                |                          |                    |                        |
|  | ber of Corporation (if | known)                   | <del></del>        |                        |
| Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp  |                        | is <i>Florida Profit</i> | Corporation ado    | pts the                |
| A. If amending name, enter the new name of   | the corporation:       | •                        |                    |                        |
| NATIONAL  The new name must be distinguishable an  | INVESTIG               | ATORS                    | INC                |                        |
| The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." | "Inc.," or Co.," or    | the designation '        | 'Corp," "Inc," or  |                        |
| B. Enter new principal office address, if appli  | icable:                |                          |                    | ) ——                   |
| (Principal office address <u>MUST BE A STREET</u>  |                        |                          | AH.                | 3:11                   |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>   | <u></u>                |                          | ₩.Z.1              | PA D                   |
| D. If amending the registered agent and/or renew registered agent and/or the new registered Agent:   |                        |                          | ter the name of th | <u>.</u><br>1 <u>e</u> |
| tume of thew Register en rigers.   |                        |                          | <del></del>        |                        |
| New Registered Office Address:   | (Florida str           | eet address)             | _                  |                        |
| _  |                        |                          | _, Florida         | _                      |
| •  | (Cit                   | (על                      | (Zip Code)         | -                      |
| New Registered Agent's Signature, if changin  I hereby accept the appointment as registered position.  |                        |                          |                    | of the                 |
| , SI   | Summe of Men vests     | iereu Ageni, ij Chi      | anging             |                        |

| Ad Res  Cattach additional sheets, if necessary). (Be specific)  | <u>eing</u> |
|--|-------------|
| Title Name Address Type of Address Address Type of Address Address Address Address Address Address Address Research    Add   Research Additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)   |             |
| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)  F. If an amendment provides for an exchange, reclassification, or cancellation of issued shap provisions for implementing the amendment if not contained in the amendment itself: |             |
| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)  F. If an amendment provides for an exchange, reclassification, or cancellation of issued shap provisions for implementing the amendment if not contained in the amendment itself: | f Actior    |
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| The date of each amendment(s) adoption: 9-19-08     |   |  |
|---|---|--|
| Effective date if applicable:                       |   |  |
|   | (no more than 90 days after amendment file date)  |  |
| Adoption of Amendment(s)                            | (CHECK ONE)   |  |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s re sufficient for approval.   |  |
|   | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  |  |
| "The number of votes of                             | east for the amendment(s) was/were sufficient for approval  |  |
| by  | (voting group)  |  |
| The amendment(s) was/wer action was not required.   | e adopted by the board of directors without shareholder action and shareholder  |  |
| The amendment(s) was/wer action was not required.   | e adopted by the incorporators without shareholder action and shareholder   |  |
| Dated   | 9-19-08   |  |
| selec   | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary) |  |
|   | Nanette L. Meaux (Typed or printed name of person signing)  |  |
|   | (Typed or printed name of person signing)   |  |
|   | Officer   |  |
|   | (Title of person signing)   |  |