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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Space Coast Aviation Services Inc.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Piercarlo Ciacchi  Name of Contact Person  Space Coast Ariahon Services Inc.  Firm/Company  7000 Challenger Are.  Address  Titusville, FL 32780  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Diercarlo Clacch:   at (321) 258-7363     Name of Contact Person   Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Area Code & Daytime Felephone Number  Area Code & Daytime Felephone Number  Area Code & Daytime Felephone Number  Area Code & Daytime Felephone Number
is enclosed)  Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address  Amendment Section  Division of Corporations  Clifton Building  Tallahassee Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of

Space Coast Aviation Service (Name of Corporation as currently	ies Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P07000128582	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation on. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECULE SE
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	, Florida
(0	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	
Signature of New Reg	gistered Agent, if changing

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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change		_			
Add					<u> </u>
Remove					
2) Change					
Add					
Remove					
3 ) Change		<b>*</b> *****			
Add					
Remove					
4) Change		_			
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Add		_		•	
Remove					
6) Change		<del>-</del>	····		
Add					
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ch additional she	ets, if necessary).	(Be specific)			
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				tion of issued shares,	
visions for imple (if not applicable		ndment if not con	tained in the am	endment itself:	
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100 5	hares	···	<del></del> .		<u> </u>
50 7n	Owner	Ship - Pre	excarlo	Ciácchí Crenshaw	
2.7	4)	1 : : !	1	0 1 1	
<u> 50 /o</u>	Dwner	<u>5hip - 14</u>	arrel	(jenshaw	
		•			
				<del></del>	<del></del>

The date of each amendment(s) adoption: July 20, 2018 date this document was signed.	, if other than the
Effective date if applicable: July 20, 2018  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action 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  Signature  (By a director, president of other officer – if director, president of other officers have not been selected, by an incorporator – if in the hands of a receiver, pustee, or other court	
appointed fiduciary by that fiduciary)	
Piercarlo Ciacchi (Typed or printed name of person signing)	
Secretary [Title of person signing)	
Title of person signing)	