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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Space Coast Aviation Services Inc. DOCUMENT NUMBER: P07000128582 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 Aviation Services Trc.

Firm/ Company

7000 Challenger Ave.

Address

Titusville FL 32780

City/ State and Zip Code Piercarlo, Ciacch, @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (321) 258-7363 Area Code & Daytime Telephone Number Piercarlo Ciacchi Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy 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 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment

to
Articles of Incorporation of

Space Coast Aviation	Service	15 Inc.		
(Name of Corporation a	as currently file	d with the Florida	Dept. of State)	·-
P0700012858	2			
		poration (if known)	)	
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this <i>Flori</i>	ida Profit Corporat	tion adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corpo	ration:			
	NIA			The new
name must be distinguishable and contain the word "c"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abbi	Inc." or "Co".	A professional co		the abbreviation
B. Enter new principal office address, if applicable:	_	NIA		
(Principal office address MUST BE A STREET ADDRE.	<u>(SS</u> )			<u> </u>
	_		-,	Fill 8 m
	_			<del></del>
C. Enter new mailing address, if applicable:				SH W
(Mailing address <u>MAY BE A POST OFFICE BOX)</u>	_	NIA		
	_			<u> </u>
				DA DE
D. Herrie Progless Carolin A. M. Starte	-	T21 - 11 - 11	6.1	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		n Florida, enter th	ie name of the	
Name of New Registered Agent N/A				
Name of New Registerea Agent				
	(Florida street ac	ldener)		<del></del>
	a mortaga sareer an	ur essy		
New Registered Office Address:	(City,		, Florida	(Zip Code)
				(infricance)
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent. I am	n familiar with a	ind accept the oblig	gations of the posi	tion.
_				
Signature	e of New Regist	ered Agent, if chan	ging	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	_ <u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)  1) Change		NIA	
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Parnove			

Adding Authorized Signer To Bank Account Lindsey Spurlock Administrator Operations Supervisor
Administrator Operations Supervisor
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
NIA

The date of each amendment(s) addate this document was signed.	loption: Nove	mber a	1, 2018		, if other than the
Effective date if applicable:					
<u></u>	(no mo	re than 90 days	after amendment file	date)	<del></del>
Note: If the date inserted in this bedocument's effective date on the De			tatutory filing requir	ements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK O	<u>NE</u> )			
The amendment(s) was/were ado by the shareholders was/were su	pted by the sharehold fficient for approval.	ders. The numb	er of votes east for th	ne amendment(s)	
☐ The amendment(s) was/were app must be separately provided for					
"The number of votes cast	for the amendment(s)	was/were suffi	cient for approval		
by		<del></del>	.,,		
	(voting group	p)			
☐ The amendment(s) was/were ado action was not required.	pted by the board of	directors withou	it shareholder action	and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorpora	ntors without sh	areholder action and	shareholder	
Dated NO	19/18				
Signature (By a di	rector, president or o	sher witter - if	discorrections	hava not have	
relected	t, by an incorporator ed fiduciary by that f	- if in the hand:	in a receiver, trusted	e, or other court	
	Piercarlo	Ciaco	hi		
•			f person signing)		
	Presid	dent			

(Title of person signing)