## P08000035418

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: Integral Aviation Solutions Inc DOCUMENT NUMBER: P08000035418 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ivan Klugman Name of Contact Person Integral Aviation Solutions Inc Firm/ Company 7100 DeMedici Circle Address Delray Beach FL 33446 City/ State and Zip Code ivan@inavsol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ivan Klugman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 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** Street Address

Amendment Section

Clifton Building

Division of Corporations .

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

## **Articles of Amendment** to Articles of Incorporation of

## Integral Aviation Solutions Inc

(Name of Corporation as currently t	filed with the Florida Dept. of State	<u>e</u> )	
P08000035418			
(Document Number o	f Corporation (if known)		•
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	ta Statutes, this Florida Profit Corpo	oration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the c	orporation:		
			The_new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professiona	"incorporated" or the ability of the	contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		FL	e PH CED
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		r the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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)

6) \_\_\_\_ Change

\_\_ Add

\_\_ Remove

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 PT John Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Address Type of Action <u>Title</u> Name (Check One) Peter Wendt VP 7100 DeMedici Circle 1) \_\_\_\_ Change **Delray Beach**  $\mathbf{X}_{-Add}$ FL 33446 \_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3) Change \_\_ Add \_\_ Remove 4) \_\_\_\_ Change Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add Remove

	(Be specific)
·	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 05/14/2103		
Effective date if applicable:		
(no more than 90 days after amendment file date)		
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)		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
☐ 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.		
Dated 05/14/2013		
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)		
Ivan Klugman		
(Typed or printed name of person signing)		
President		
(Title of person signing)		