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Division of Corporations

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grand omail address for this business entity to be used for fut Action of the second mailings. Enter only one email address please.** Thail Address:

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SMART AVIATION SOLUTIONS, INC

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SMART AVIA	TION SOL	JTIONS, INC
DOCUMENT NUMBER: P08000062254	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and foc are submit	ed for filing.	l
Please return all correspondence concerning this matter to	the following:	
Maria T Kelmann		
<u> </u>	lanse of Contact Po	rson
Eagle Tax Represer	ntation, Co	p
	Firm/ Company	
4641 N State Rd 7 S	Ste 18	
	Address	1
Coconut Creek, FL	- 33073	
C	ity/ State and Zip	Code
paulo@eagle-tax.com	•	
F-mail uddress: (to be used fi	or fature annual re	nort notification)
is files and and (to be made)	;	!
For further information concerning this matter, please ca	il; · · · · ·	
Paulo Oliveira, EA	, 954	752-4553 a Code & Daytime Telephone Number
Name of Contact Person	Are	a Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya		
Certificate of Status	\$43:75 Filing Fee Certifled Copy (Additional copy i enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	- A Di Gi 26	reet Address mendment Section vision of Corporations lifton Building 61 Executive Center Circle Illahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SMART AVIATION SOLUTION	NS, INC	ì		
(Name of Corporation as current)	v filed with the Flori	da Dept, of State)		-
P08000062254				
(Document Number	r of Corporation (if kn	own)		-
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this Flo	rida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association." or	orp." "lige." or "Co"	'. A professional corpora		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				-
	· -			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)			-
	- : :			-
D. If amending the registered agent and/or registered agent and/or the new register	stered office address red office address:	in Florida, enter the nar	ne of the	SE O.R 13 M
Name of New Registered Agent			-	CRETAR OH OF I
	(Florida street	address)	-	
New Registered Office Address:	(C:iv)	Florida	(Zip Code)	STAIL SATIO 1:25
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with	and accept the obligation	as of the position.	·
Signature o	of New Registered Age	ni.)f changing	-	

address of each Officer (Attach additional sheets Please note the officer/dip = President: V= Vice Executive Officer; CFO held. President. Treasure Changes should be noted a change. Mike Jones lea Mike Jones, V as Ramove	and/or E if neces: rector titl Presiden Chief r. Direct I in the fo	Director be sary) le by the fit; T= Tree Financial or would to the sarporation or the sarporation of the sar	eing added: irst letter of the office title: asurer: S= Secretary: D= Di Officer. If an officer/directo he PTD. nanner. Currently John Doe i n, Sally Smith is named the V	trector: TR= Tr or holds more th is listed as the F	director being removed and title, name, and mustee; $C = Chairman \ or \ Clerk$: $CEO = Chief$ han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u>	<u> </u>	<u>oc</u>		
X Remove	<u>v</u>	Mike Jo	ones.		
· X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name	 	<u>Address</u>
1) Change	P		Mauricio B Kelm	າຊາກ	4641 N State Rd 7 Ste 18
Add					Weston, FL 33327
X Remove					
	P		Maria T Kelman	n	2268 Salemo Circle
2) X Change	<u>.</u>		171071071		Weston, FL 33327
Add					77001.1, 77000
Remove				1	
3) Change				<u> </u>	
Remove					
4) Change					
Add					10
Romove				:	
5) Change		_	** ,	!	(, , ,)
Remove					
6) Change		_			
Add					
Remove					

mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)	
	<u> </u>	
<u>·</u>		
		
		
f an amendment provides for an exch	nange, reclassification.	or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	nament it not containe	d in the amendment usen:
'A		.
	_ 	
		į

The date of each amendment(s) adoption: 10-03-2013	, if other than the
date this document was signed.	_, it other than the
10-03-2013	
Effective date if applicable: (no more than 90 days after amendment file date)	-
(no mare pain in adjusting to activities	
Adoption of Amendment(s) (CHECK ONF.)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	•
Dated 10-03-2013	
Signature & Marie T. Kelmann	_
(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)	
Maria T Kelmann	
(Typed or printed name of person signing)	-
Vice President	
(Title of person signing)	•