

/Pa	questor's Name)		
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(Cit	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	e)	
(2		-,	
(50	cument Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		HELICOPTERS INC		
DOCUMENT NUMB	P08000080007 ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	CHRISTINA HENLEY			
-	HDW FLORIDA HELICOP	Name of Contact Person TERS INC	1	
-	Firm/ Company 901 NE 10TH STREET HANGAR 5			
•	Address POMPANO BEACH FL 33060			
	City/ State and Zip Code			
	ADMIN@PILOTTRAININ	GAMERICA.COM		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
CHRISTINA HENLE	Y	954 at (290-2772	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment 10 Articles of Incorporation of

HDW FLORIDA HELICOPTERS INC

FIDW FLORIDA HELICOPTERS INC		2025	22 PH 1	: 33
POSOOOOSOOO7	on as currently filed with	the Florida	Dept. of State)
(Docum	nent Number of Corporation	on (if known)		·
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Pro	ofit Corporati	on adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
				The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A profession			
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>				
		 ,	_ .	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	V)			
(Maning dualess MAT BE A FOST OFFICE DO.	<u></u>			
				
				
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n		ida, enter th	e name of the	
	office address.			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:			Florida_	
	(City)			(Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby occept the appointment as registered agent.		cept the obligi	ations of the po	sition.
Signa	ture of New Registered Ag	gent, if chang	ing	

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title PRESIDE	<u>Name</u> CHRISTINA HENLEY	Address
1) Change Add			POMPANO BEACH FL 33060
Remove 2) Change			
Add			
Remove 3) Change			
Add			
Remove 1) Change			
Add			
Remove 5) Change			
Add			
Remove 6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
<u> </u>	
·-	
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate NA)	endment if not contained in the amendment itself:
(у погаррисавів, такав №4)	

09/03/2020

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	4130120	
	(no more than 90 days after dinendmen	t file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ade action was not required.	pied by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast fficient for approval.	or the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the e	e following statement imendment(s):
	or the amendment(s) was/were sufficient for approva	nł
bv	·	
	(voting group)	
09/03/20	20	
Dated		
Signature Ow	istinaterty	
(By a di	rector, president or other officer – if directors or offic	
selected	 by an incorporator – if in the hands of a receiver, to ed fiduciary by that fiduciary) 	ustee, or other court
пррин	Christina Henley	
-	(Typed or printed name of person signing))
	PRESIDENT	
•	(Title of person signing)	