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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Arctic Air Services	s. Inc.		
DOCUMENT NUM	IBER:			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Scott D Whitaker			
	-	Name of Contact Persor	1	
	Arctic Air Services, Inc.			
		Firm/ Company		
	6870 26th Ct E			
		Address		ur. "
	Sarasota, FL 34243			10
		City/ State and Zip Code	e	モス
	michelle@arcticair4me.com			
	•	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		会の名
Michelle Van Alstin	e	at (747-8800	—— LEI
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ar Di P.G	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Arctic Air Services, Inc.		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P08000095789		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the foll	owing 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co	viation "Corp.,"
B. Enter new principal office address, if applicable:	6870 26th Ct E	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34243	
		5.50
		- 70 =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 989	N 23
· · · · · · · · · · · · · · · · · · ·	Tallevast, FL 34270	PM 12: 42
		F. 87
		776
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		•••
	<u></u>	
Name of New Registered Agent		<u> </u>
		
(Florida s.	treet address)	
New Registered Office Address:	, Florida	Cr. C. ta
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familiar		ion.
Signature of New	Registered Agent. if changing	
inguistre of from	en organization of the state of	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Donald Ellerbee	15902 33rd Ct E
Add			Parrish, FL 34219
X Remove			SECTION OF THE PROPERTY OF THE
2) Change			
Add			23
Remove 3) Change			
Add			74
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Tamending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
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			- <u>í·</u> -:	JUN CO THE
an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cane	ellation of issued shares,		·
(if not applicable, indicate N/A)	iument ii not contained in the	amenument usen:	77	
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			_	

	06/22/2023	
The date of each amendment(s) :		, if other than the
late this document was signed.	-	
-	e of filing	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ocument's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder act	ion and shareholder
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
must be separately provided for	oproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval	nent
The number of votes cas	a for the amendment(s) was were sufficient for approval	
by	(voting group)	
	(ronag group)	
06/22/202	23	
Dated		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	alou 1 -k	
Signatur	100 Cillis	
	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other cou	m 浮光 ニー
appoi	nted fiduciary by that fiduciary)	<u> </u>
	Scott D Whitaker	23 115
	(Typed or printed name of person signing)	100
	President	PMIZ:
	i resident	<u> </u>
	(Title of person signing)	rri '