## P08000109397

| (Request                       | tor's Name)            |
|--------------------------------|------------------------|
|                                |                        |
| (Address                       | 5)                     |
|                                |                        |
| (Address                       | s)                     |
|                                |                        |
| (City/Stat                     | te/Zip/Phone #)        |
| PICK-UP                        | ] WAIT   MAIL          |
|                                |                        |
| (Busines                       | s Entity Name)         |
|                                |                        |
| (Docume                        | ent Number)            |
|                                |                        |
| Certified Copies               | Certificates of Status |
|                                |                        |
| Special Instructions to Filing | Officer:               |
| ,                              |                        |
|                                |                        |
|                                |                        |
|                                |                        |
|                                |                        |
|                                |                        |
|                                |                        |

Office Use Only



200209521622

07/07/11--01019--010 \*\*43.75

M JUL -7 PX 12: 12

SCURETARY OF STATE

NOT THE STATE OF STATE

AND THE STATE

AND THE STATE OF STATE

AND THE STATE

Alvend 7-12-11 De

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations   |   | •   |
|--|---|---|
| NAME OF CORPORATION: JET E   | QUIPMENT REPAIR, IX.  |   |
| DOCUMENT NUMBER: PU800010  | 9397  |   |
| The enclosed Articles of Amendment and fee                           | are submitted for filing.   |   |
| Please return all correspondence concerning th                       | is matter to the following:                                       |   |
| JODI E. TO   | 14LDR   |   |
| 1  | Name of Contact Person  |   |
| JET EQUIPM   | ENT REPAIR, INC.  |   |
|  | Firm/ Company   |   |
| 3739 BONT  | PLACE   | <del></del>   |
|  | Address   |   |
| SARASOTA FO  | City/ State and Zip Code  | <del> </del>  |
|  | @ Amail. Com<br>ed for filture annual report notification)        | <del></del>   |
| For further information concerning this matter                       | , please call:  |   |
| JODI E. TAYLOR   | at (941) 915-   | 6830  |
| Name of Contact Person   | Area Code & Daytime Tel   | ephone Number   |
| Enclosed is a check for the following amount of                      | nade payable to the Florida Depart                                | tment of State:   |
| \$35 Filing Fee \$\bigcup \$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  | Street Address  |   |
| Amendment Section  | Amendment Section   |   |
| Division of Corporations P.O. Box 6327                               | Division of Corporations Clifton Building                         |   |
| Tallahassee, FL 32314  | 2661 Executive Center Circl                                       | e   |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| JET EDWIPMENT REPAIR   | R. INC.                |                         |                                |
|--|------------------------|-------------------------|--------------------------------|
| (Name of Corporation as currently filed  |                        | ot. of State)           |                                |
| P08000109397   |                        |                         |                                |
| (Document Number of Co   | orporation (if known)  |                         |                                |
| Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:   | Statutes, this Florida | Profit Corporation a    | dopts the following            |
| A. If amending name, enter the new name of the corp  | oration: NA            |                         |                                |
|  |                        |                         | The new                        |
| name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designatiname must contain the word "chartered," "professional | ion "Corp," "Inc," or  | "Co". A professiona     | ated" or the<br>al corporation |
| B. Enter new principal office address, if applicable:  | NIA                    |                         | <u></u>                        |
| (Principal office address <u>MUST BE A STREET ADDRI</u>  | ESS)                   |                         |                                |
|  | <del></del>            |                         |                                |
|  |                        |                         |                                |
| C. Enter new mailing address, if applicable:   | ,                      | ۱۰۰۰<br>حول<br>۲۶       | 32   Catala                    |
| (Mailing address MAY BE A POST OFFICE BOX)   | NA                     | r                       | 7                              |
|  |                        |                         | CF THE                         |
|  |                        |                         | 7 7 7                          |
| D. If amending the registered agent and/or registered  | office address in Flo  | rida, enter the name (  | of the                         |
| new registered agent and/or the new registered off   | ice address: NA        |                         |                                |
| Name of New Registered Agent:  |                        |                         |                                |
|  |                        |                         |                                |
| New Registered Office Address:   | (Florida street addres | (s)                     |                                |
|  |                        | Elonido                 |                                |
| <del></del>  | (City)                 | , Florida<br>(Zip Code) |                                |
| N. D. Ca. LA. Al-Gla. A. Gla. A. Basilan   |                        |                         |                                |
| New Registered Agent's Signature, if changing Registe<br>I hereby accept the appointment as registered agent. I as   |                        | cept the obligations of | the position.                  |
|  | •                      |                         | -                              |
| Signature o  | of New Registered Age  | nt. 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)

| <u>Title</u> | · Name•  | Address                             | Type of Action |
|--------------|--|-------------------------------------|----------------|
| <u>VP</u>    | PATRICK J. PEREIN, JR  | 3739 Bond Place<br>Sarasota F. 3423 | _ X Add        |
|              |  |                                     | _              |
| <del></del>  |  |                                     | _              |
|              | ding or adding additional Articles, enter dditional sheets, if necessary). (Be specif                        | fic)                                |                |
|              |  |                                     |                |
| provisi      | nendment provides for an exchange, recloos for implementing the amendment if a not applicable, indicate N/A) |                                     |                |
| N/A          | он аррисионе, таксане 14/А)  |                                     |                |
|              |  |                                     |                |
|              |  |                                     |                |
|              |  |                                     |                |

| The date of each amendment(s                          | adoption: 7/5/2011  |
|---|---|
| Effective date if applicables                         | 7/5/2011 (date of adoption is required)   |
|   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                              | (CHECK ONE)   |
| The amendment(s) was/were by the shareholders was/wer | e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.   |
|   | approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes ca                               | ast for the amendment(s) was/were sufficient for approval   |
| by  | voting group)   |
| (   | voling group)   |
| The amendment(s) was/were action was not required.    | adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/were action was not required.    | adopted by the incorporators without shareholder action and shareholder   |
| Dated   | 5/2011  |
| selec   | 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 court nted fiduciary by that fiduciary) |
|   | JDDI. E. TAYLOR  (Typed or printed name of person signing)  |
|   | (Typed or printed name of person signing)   |
|   | CEO + PRESIDENT   |
|   | (Title of person signing)   |