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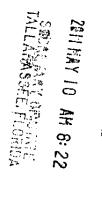
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: SKYDIVE PALM BEACH, INC.
DOCUMENT NUMBER: P0900009985
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CRAIG FLO YD Name of Contact Person
SKYDIVE PALM BEACH Firm/Company
Po Box 1461 Address
LOXAHATCHEE, FL 33470 City/State and Zip Code SKYDIVE PALMBEACH D AOL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person at (J61) 586 7669 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

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Articles of An	rendment orporation B=ACH / Dr. the Florida Dent of State)
Articles of Inco	orporation William Co.
of	Till to the second
SKYDIUE PALM	BEACH, the.
(Name of Corporation as currently filed with	ine Florida Dept. of State
<u> </u>	
(Document Number of Corporati	on (if known)
ursuant to the provisions of section 607.1006, Florida Statut nendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
. If amending name, enter the new name of the corporation	<u>n:</u>
SAME	The new
bbreviation "Corp.," "Inc.," or Co.," or the designation "Come must contain the word "chartered," "professional associant Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
	VV=WING 1317, 12 33 (17
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 1461
	LOXAHATCHEE, FL 33470
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
Name of New Registered Agent: CRAi	G FLOYD
	G FLOYD YING COW RD. ida street address)
WELLING (City)	TON, Florida 33414 (Zip Code)
lew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	
K	2 d
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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	CHRISTIAN SCHOEMIG	WELLINGTON, FL S3YIY	Add Remove
<u>P</u> _	CRAIG FLOYD.	PO BOX 1461 LOXAHATCHEE, FL 33470	☑ Add ☐ Remove
			Add Remove
(attach a	dditional sheets, if necessary). (Be spec	ific)	
provisi	mendment provides for an exchange, re ons for implementing the amendment is not applicable, indicate N/A)		

(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 by the shareholders was/were sufficient for approval.	
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	
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The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	
by the shareholders was/were sufficient for approval.	
	ıt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
 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. 	
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 cour appointed fiduciary by that fiduciary)	t
(Typed or printed name of person signing)	
(Typed or printed name of person signing) OD PRESIDENT NEW PRESIDENT (Title of person signing)	
(Title of person signing)	