

PO9000021703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

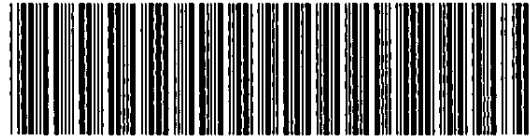
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/12--01017--014 **35.00

Amend

FILED
12 JUN 18 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 19 2012

T. ROBERTS

JAMES R. EDDY, P.A.

Attorney & Counselor at law

4800 BAYVIEW DRIVE

Penthouse 5

FORT LAUDERDALE, FLORIDA 33308

Tel.: 954.667.0969

**Supreme Court Certified:
Civil Court Mediator
Family Court Mediator**

**Supreme Court Qualified:
Arbitrator**

**Residential Foreclosure
Modification Mediator**

June 11, 2012

**Mr. Paul Kramer
Learn to Fly Center, Inc.
1401 NE 10th Street
Pompano Beach, Florida 33060**

Dear Paul:

Due to the fact that I will be working with Chas. to try to develop his aviation business, and in an abundance of caution that I do not create a conflict of interest, I feel it incumbent on me to resign as Secretary and Authorized Agent of Learn to Fly Center, Inc.

Of course I will continue to help you in any way I can.

Please notify the Secretary of State of the changes.

Sincerely,



James R. Eddy

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LEARN TO FLY CENTER, INC.

DOCUMENT NUMBER: P09000021703

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael E. Coviello

Name of Contact Person

Learn To Fly Center, Inc.

Firm/ Company

1401 NE 10th Street, Building 2, Suite 120

Address

Pompano Beach, Florida 33060

City/ State and Zip Code

mecoviello@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E. Coviello

Name of Contact Person

at (954) 946-4400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
12 JUN 18 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LEARN TO FLY CENTER, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000021703

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Michael E. Coviello

1401 NE 10th St Bldg. 2, Ste. 120

(Florida street address)

New Registered Office Address:

Pompano Beach

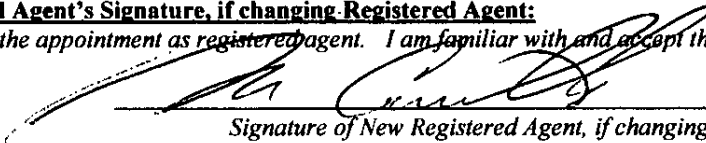
Florida 33060

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

Example:

Address

4800 Bayview Drive
Penthouse 5
Fort Lauderdale, FL 33308

1401 NE 10th Street
Building 2, Suite 120
Pompano Beach, FL 33060

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[illegible]

The date of each amendment(s) adoption: 6/14/2012

Effective date if applicable: _____

(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(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)

- ☒ 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 6/14/2012

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 court appointed fiduciary by that fiduciary)

Paul S. Kramer

(Typed or printed name of person signing)

Vice-President

(Title of person signing)