# P09000024690

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Amend CCB

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION:	Hawaiian Air Florida Inc.		
DOCUMENT NUM	BER:P09000024690			
The enclosed Article	es of Amendment and fee a	re submitted for filing.		
Please return all corr	respondence concerning th	is matter to the following:		
_		enne R Kekoolani		
	1	lame of Contact Person		
Hawaiian Air Florida Inc.				
Firm/ Company				
	328	85 Broadnax Mill Rd		
,		Address	•••	
			•	
	- Lo	ganville, GA 30052		
_		City/ State and Zip Code		
	jrkekoolani	@hawaiianairinc.com		
	E-mail address; (to be use	ed for future annual report notification)		
For further informat	ion concerning this matter,	please call:		
Jeni	ne R Kekoolani	at (770)5	554-2535	
Name o	f Contact Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment 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 Add		Street Address	•	
Amendment		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations		
7.0. DOX 032	• •	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2010

JENNE R. KEKOOLANI HAWAIIAN AIR FLORIDA INC. 3285 BROADNAX MILL RD LOGANVILLE, GA 30052

SUBJECT: HAWAIIAN AIR FLORIDA, INC.

Ref. Number: P09000024690

We have received your document for HAWAIIAN AIR FLORIDA, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 610A00005296

#### **Articles of Amendment**

# to Articles of Incorporation of

Hawayan Air	Florida Inc	يــ ـ	
(Name of Corporation as curr	rently filed with the Flori	da Dept. of State)	
P090002	4690	da Dept. of State)	
(Document Number of Corporation (if known)			
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statutes, this I	Florida Profit Corporation adopts the	
If amending name, enter the new name	of the corporation:		
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or th ame must contain the word "chartered," "pr	e designation "Corp," "In	c," or "Co". A professional corpora	
. <u>Enter new principal office address, if ap</u> Principal office address <u>MUST BE A STREI</u>			
	<del></del>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
If amending the registered agent and/or new registered agent and/or the new reg		in Florida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		, Florida	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if change hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with	and accept the obligations of the posit	
<del>-</del>	Signature of New Registere	ed Agent if changing	

	ng the Officers and/or Directors, enter the nd title, name, and address of each Officers.		lirector being
	ditional sheets, if necessary)	er and/or Director being added.	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del> </del>			
			_
<u>/P</u>	EDCAL GONZALEZ	Santa Rosa BEACH FL 33459	Add Add Remove
	eding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
Resolve	d-transfer of 50% share	and meneraling to F	daar
Go	nzaloin consideration of	Desirer nondered:	
	200000000000000000000000000000000000000	The wife of the control	
	· ·		
			···.
<del></del> .			
provis	mendment provides for an exchange, re- ions for implementing the amendment if not applicable, indicate N/A)		
-			
			<u>.                                    </u>
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 12/31/2009
Effective date if applicable: (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 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_Jan 15, 2010
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)
Henry Phekoolani Jr. (Typed or printed name of person signing)
(Title of person signing)