# P10000008781

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	PORATION:	Avion International Inc	
DOCUMENT NU	MBER:	P10000008781	
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning thi	is matter to the following:	
-		Michael Rau	- 1445 e - 144
	·		
-	Compa	any Formation USA Inc Firm/ Company	The state of the s
		· ······	
-	12	227 Del Prado Blvd Address	·
		. (63.63)	
		Cape Coral City/ State and Zip Code	
		chael@rau.cc	
	E-mail address: (to be use	d for future annual report notification)	<del></del>
For further informa	ation concerning this matter,	please call:	
	Michael Rau	at (239)9	616076
Name	of Contact Person	Area Code & Daytime Tel	lephone Number
Enclosed is a check	c 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 Address		Street Address	
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	le

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### Avion International Inc

## (Name of Corporation as currently filed with the Florida Dept. of State) P10000008781

(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:

. If amending name, enter the new nam		The new
ame must be distinguishable and conta bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," "	the designation "Corp," "Inc," or "Co	". A professional corporation
Enter new principal office address, if a Principal office address MUST BE A STR		
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
. If amending the registered agent and/ new registered agent and/or the new t		enter the name of the
Name of New Registered Agent:		, 
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if cha hereby accept the appointment as register		the obligations of the position.
-	Signature of New Registered Agent, if	changing

10 APR 12 PHI2: 5"

## 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)

Title	<u>Name</u>	Address	Type of Action
<u>P</u>	Hancock Europe Inc	310 NE 18th Ave Cape Coral FL 33909	
<u>P</u>	Tobias Jahnke	1227 Del Prado Bivd Cape Coral Ft. 33909	
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
provisi		e, reclassification, or cancellation o ent if not contained in the amendme	
-			

The date of each amendmen	t(s) adoption: <u>04</u>	/10/2010
Effective date <u>if applicable</u> :	04/04/0040	(date of adoption is required)
	(no more than 9	0 days after amendment file date)
Adoption of Amendment(s)	(СН	ECK ONE)
The amendment(s) was/we by the shareholders was/w	•	shareholders. The number of votes cast for the amendment(s approval.
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by	(voting group)	***
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated_04/	10/2010	
Signature _	\ NO	
		lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary b	
	RAN	for the Ock Two pe hc. ped or printed name of person signing)
	(1)	7
	(Title o	f nercon signing)