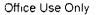
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u></u>





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FLORIDA GAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE. FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

PLEASE USE FUNDS FROM ACCT : I	120210000160 AMOUNT: 35,00		
Authorized Signature: Jours & Julhan			
AIRNOVA USA INC	P11000052840		
Business Name	Document Number		
Certified copy of articles of incorpora			
Certificate of Status	Pick up time		
Certificate of Status	Will wait		
NEW FILINGS	<u>AMMENDMENTS</u>		
Profit	X Amendment		
Not for Profit	Resignation of R.A.		
Limited Liability	Officer/Director		
	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
CONVERSION	Merger		
CORP	Correction		
OTHER FILINGS	REGISTERATION/QUALIFICATIONS		
Annual Report	Foreign filing		
	Limited Partnership		
Fictitious Name	Reinstatement		
	Declaration		
APOSTIL ()			
	Other		
Country			

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

PLEASE USE FUNDS FROM ACCT: 120210			
Authorized Signature: Laus L'Authorized Signature:			
AIRNOVA USA INC	P11000052840		
	ment Number		
Certified copy of articles of incorporation Certificate of Status	Pick up time Will wait		
NEW FILINGS	<u>AMMENDMENTS</u>		
Profit	X_ Amendment		
Not for Profit	Resignation of R.A.		
Limited Liability	Officer/Director		
	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
CONVERSION	Merger		
CORP	Correction		
OTHER FILINGS	REGISTERATION/QUALIFICATIONS		
Annual Report	Foreign filing		
	Limited Partnership		
Fictitious Name	Reinstatement		
	Declaration		
APOSTIL ()			
Other			

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AIRNOVA USA, I	NC.		
DOCUMENT NUME				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Alessandro Del Stabile			
		Name of Contact Person		
		Firm/ Company		
	1840 Jefferson Ave #303.			
		Address		
	Miami Beach, FL 33139			
		City/ State and Zip Code		
For further informatio	E-mail address: (to be use n concerning this matter, please	sed for future annual report	notification)	
Alessandro Del Stabil	e	at (<u>305</u>		
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	S43.75 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)	
Ami Divi P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AIRNOVA USA INC				
(Name o	of Corporation as currently	filed with the Florida Dept. o	f State)	
P11000052840				
AND THE PARTY OF T	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fi	orida Profit Corporation adop	ts the following amend	dment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The I	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Corp," "Inc," or "Co". A		the abbreviation "Corp	p.,
B. Enter new principal office address, (Principal office address MUST BE A S		1840 Jefferson Ave #303, Mis	ami Beach, FL 33139	_
in the partition of the same o	, , , , , , , , , , , , , , , , , , ,			_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1840 Jefferson Ave #303, Mi	ami Beach, FL 33139	_
			· >	
D. If a more than the presistant and accept up	ullan nagistanad affice addus	on in Etanida, anton the name	77.03 17.03 18.03	
 If amending the registered agent an new registered agent and/or the new 		ss in Piorida, enter the hame	<u>or me</u> -ti: (5	••.
Name of New Registered Agent	Costanza Barducci		29	•
Name of New Negistered Agent	100 Biscayne Blvd suite 111	4		•
	(Florida stree			
N. D. C. JOYE ALL.	Miami		lorida 33132 5	
New Registered Office Address:		, r	(Zip Code)	
		•	•	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations o	f the position.	
Ha	Signature of New Reg	andrect		
	Signature d New Reg	istered Agent, if changing	··· •·· ·	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	2021 DEC
X Remove	<u>V</u>	Mike Jones	17.7
X Add	<u>sv</u>	Sally Smith	29
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	ZERBONE, ALESSANDRO SR	2025 NW 102 AVENUE SUITE
Add			107 MIAMI, FL 33
X Remove			
2) Change	P.S.T.	ZERBONE, ALESSANDRO SR	2025 NW 102 AVENUE SUITE
Add			107 MIAMI, FL 33
Remove Change	<u>s</u>	Costanza Barducci	5 W 19th St 10th FL
<u> </u>			New York, NY 10011
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(
	
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	70 H DEC
	- · · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	**************************************
	::

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The date of each amendment(s) ad	loption:		,	if other than the
date this document was signed.				
Effective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date,)		
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date	will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareh	older action	and sha	reholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the am flicient for approval.	endment(s)		
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	ng sta tement nt(s):	2021 DEC	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	. .	29	
by			-174	
	(voting group)	-	£: 57	المديد
Dated 12/23/	2021		_	
Signature Del	Philo Out			
selected	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)			
	Alessandro Del Stabile			
,	(Typed or printed name of person signing)			
	Director			
	(Title of person signing)			