## P/2000054866

(Requestor's Name)	·			
(Address)				
(Address)				
(City/State/Zip/Phone #)	.			
PICK-UP WAIT MAIL				
(Duginaga Fakih Mana)				
(Business Entity Name)				
(Document Number)	·			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800263030838

08/22/14--01022--006 \*\*43.75

AMAN, 8/28/14

DC

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	CONSULTING INC.
66	<del></del>
bmitted for filing.	
tter to the following:	
Name of Contact Person eering & Cons	•
Firm/ Company ks Dr.	
Address	· · ·
32583	
City/ State and Zip Code	2
upport.com	
ed for future annual report	notification)
e call:	
at (360	201-2359
	de & Daytime Telephone Number
payable to the Florida Depa	rtment of State:
\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301
	Name of Contact Person eering & Cons Firm/ Company  ks Dr.  Address  2583  City/ State and Zip Code  Ipport.com  ed for future annual report  e call:  at (360  Area Consequence of Conseq

**Articles of Amendment** to Articles of Incorporation of

## AEROSYNC ENGINEERING & CONSULTING INC.

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

## P12000054866

(Document Number of Corporation (if known)	<del></del>		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the feits Articles of Incorporation:	ollowing a	mendme	ent(s)
A. If amending name, enter the new name of the corporation:			
N/A	Ti	he nev	ı,
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	the abbr	eviation	7
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		+	
	* *	90.	-73
	;	6 2	, <u>.</u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the		2	177
new registered agent and/or the new registered office address:	<u>.                                    </u>		Ö
Name of New Registered Agent	- 1	بي	
		ഗ	
(Florida street address)			
New Registered Office Address:, Florida,			
(City) (Zip Co	ode)		
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 po	smon.		
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)

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.

X Change	<u>PT</u>	John Do	<u>oe</u>				
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	NA			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name			Address	
1) Change		_			<del></del> .		
Add							
Remove							
2) Change		_	•		<u> </u>		
Add							
Remove							
3) Change		_					
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add	·	_			<del></del>	-	_
Remove							

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
N/A	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
REG F. BARTLETT: SHARE R	ATIO TO READ 50%
	100000000000000000000000000000000000000
ANA M. BARTLETT: SHARE F	RATION TO READ 50%
· · · · · · · · · · · · · · · · · · ·	~~~
Que material and	

The date of each amendment(s) adoption: AUGUST 21, 2014	, if other than the
date this document was signed.	
Effective date if applicable: AUGUST 21, 2014	
(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.	ndment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	-
"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.	areholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated AUGUST 21, 2014	
Signature	
(By a director, president or other officer – if directors or officers have not decided, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	ot been ther court
GREG F. BARTLETT	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)