## P13000078322

(Re	questor's Name)	· · ·
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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05/01/14--01009--016 \*\*35.00

SECRETARY OF STATE

APPROVED

C. LEVVIS

MAY 13 2014

EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	N: AEROSPA	CE GADC COR	P		
DOCUMENT NUMBER: _	P130000783				
The enclosed Articles of Ame	ndment and fee are sub	omitted for filing.			
Please return all corresponden	ce concerning this mat	ter to the following:			
SON	NA BOTERO				
<del></del>		Name of Contact Persor	1		
JP (	SLOBAL BUS	INESS SOLUTI	ONS INC		
		Firm/ Company			
732	5 NW 36ST				
		Address			
MIA	MI, FL 33166				
		City/ State and Zip Code			
master(		.com			
E-	mail address: (to be use	ed for future annual report	notification)		
For further information concerning this matter, please call:					
ANIBAL DAVILA at (305 - ) 436-0093					
Name of Conta	ict Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Ũ	\$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			

APPROVEL AND FILED

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

14 MAY -1 PM 3: 22 SECRETARY OF STAHE TALL AHASSEE, FLORIDA

AEROSPACE GADC CORP	
(Name of Corporation as currently filed with the P13000078322	: Florida Dept. of State)
(Document Number of Corporation	(ifknown)
·	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1100 LEE WAGENER BLVD
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SUITE 305
	FORT LAUDEDARLE FL 33315
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1100 LEE WAGENER BLVD
	SUITE 305
	FORT LAUDEDARLE FL 33315
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
(Ci	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt·
New Registered Agent's Signature, it changing Registered Age I hereby accept the appointment as registered agent. I am familia	

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 <math>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	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	ANIBAL DAVILA	1100 LEE WAGENER BLV
Add Remove			FORT LAUDERDALE, FL 3
2) Change			
Remove			
3) Change	<del></del>		
Remove			
4) Change	<u></u>	<del></del>	
Remove			
5) Change		_	·
Remove			
6) Change			
Remove			

. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)							
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		<del></del>		<del></del>			
If an am	nendment provides ons for implement	<u>s for an excha</u> ting the amen	inge, reclassif dment if not o	ication, or can contained in th	<u>cellation of iss</u> le amendment i	ued shares, itself:	
(if	not applicable, ind	licate N/A)			·	<u></u>	
							<del></del>

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14 MAY -1 PM 3: 22

The date of each amendment(s) adoption: 04/21/2014	SECOLIARY OF STALL	, if other than the
date this document was signed.	SECRETARY OF STATE TALEATIASSEE, FLORIDA	
Effective date <u>if applicable</u> : 04/21/2014		
(no more than 90 day	s after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders through was be separately provided for each voting group entitled to vote s		
"The number of votes cast for the amendment(s) was/were suff	ficient for approval	
by		
(voting group)		
The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators without slaction was not required.	nareholder action and shareholder	
Dated_04/21/2014		
Signature Anibal Dav	rila	
(By a director, president or other officer – i selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)		_
ANIBAL DAVILA		
(Typed or printed	d name of person signing)	Market Comments
PRESIDENT		
(Title of	person signing)	_