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COVER LETTER

Division of Corporations NAME OF CORPORATION: SOUTH COUST EXECUTIVE FIGHT Crew Sources INC DOCUMENT NUMBER: \$\frac{130000}{79568}\$ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: South COUST EXCLUSIVE 4370 NW 145 Th ST #132
Address = 3 2016 LOCKG - FL
City/ State and Zip Code Info Scarcaft Management. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of

South Coast Executive HIGHT CICL SOLVES INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P130000 79568	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	ent(s) t
A. If amending name, enter the new name of the corporation:	16
Sash Coast Exect I. R. Flight Clews and AlCast Mon The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	유 유 유 유 오
Name of New Registered Agent	THE SECOND
(Florida street address)	
New Registered Office Address:, Florida	
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 position. Signature of New Registered Agent, if changing	

2. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	
······································	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith_	
Type of Action (Check One)	Title		Name	Address
1) Change		_ _		
Add				
Remove				
2) Change				
Add				······································
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_	······································	
Remove				
5) Change	<u> </u>	_		
Add				
Remove				
6) Change				
Add				
Remove				
Add				

date this document was signed.	option:	, ii other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated//-	8-7013	
Signature	Fector, 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 ed fiduciary by that fiduciary)	
арролис	Donald Meneis	
•	(Typed or printed name of person signing)	
-	(Title of person signing)	
	(ride of person signing)	