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MILLAHASSEE. FLORID

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6/20/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CENTRAL A	VIATION SOLUT	TIONS INC
DOCUMENT NUMB	D14000004		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corres	ondence concerning this ma	tter to the following:	
	GILVAM F DO	S SANTOS	
-	GFS TAX & A		
	3127 COCOPL	Firm/ Company LUM CIRCLE	
_	COCONUT CF	REEK FL 3306	33
		City/ State and Zip Cod	e
GIL	.611@LIVE.CC	OM sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
GILVAM DO	OS SANTOS	_{at (} 954	9408322
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Amendment Section		·	Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

2014 JUN -9 PH 12: 05

CENTRAL AVIATION SOLUTIONS INC

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

P14000004689

19

(Document Number of Corporation (if known)

lment(s) to

Pursuant to the provisions of section 607. ts Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Cor	poration adopts the following a
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A profession	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			O'LINK CIRCLE
		DAYTONA	A BCH FL 32114
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		132 BOB	O'LINK CIRCLE
		DAYTONA BCH FL 32114	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		ss:	er the name of the
	,	strect address)	
New Registered Office Address:	DAYTONA B	3CH	_, Florida 32114
	(Cit <u>)</u>	r)	(Zip Code)
New Registered Agent's Signature, if c	tered agent. I um familiai	r with and accept the	obligations of the position.
	tered agent. I am familian		

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			, , , , , , , , , , , , , , , , , , ,
6) Change		_	
Add			
Remove			

	additional sheets, if necessary). (B	le specific)

апа	mendment provides for an exchang	ge, reclassification, or cancellation of issued shares,
rovi	sions for implementing the amendm	nent if not contained in the amendment itself:
(į	if not applicable, indicate N/A)	
	,	<u> </u>

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	pted 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 east f	For the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
Dated OC	104/2014 D	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	GILVAM F DOS SANTOS	
·	(Typed or printed name of person signing)	
	INCORPORATOR	

(Title of person signing)