## P14000042787

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DIVISION OF CORPORATIONS

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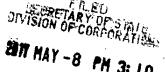
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ION:	OUR SEASON AIR COR	·				
DOCUMENT NUMBER	P14000042787						
The enclosed Articles of A	mendment and fee are su	bmitted for filing.					
Please return all correspond	dence concerning this mat	tter to the following:					
		ELI M VALDIVIDA					
<del></del>		Name of Contact Person	1				
<del></del> -	***	Firm/ Company 7132 72ND STREET N					
		Address					
	I	PINELLLAS PARK, FL 33	3781				
<del></del>		City/ State and Zip Cod	e				
	Mysea	sonair@6m	nail.com				
		sed for future annual report					
For further information con	ncerning this matter, pleas	se call:					
ELI M V	ALDIVIA	727	642-4976				
Name of Co	ontact 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations a Building executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



FOUR SEASON AIR CORP

			0.
(Name of Corporat	ion as currently filed w	ith the Florida Dept. of State)	
	P14000042787		
(Docum	ment Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida I	Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the c	orporation:		
F	OUR SEASONS AIR C	ORP	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A	npany," or "incorporated" or the professional corporation name mu	abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ASTREET ASTREET ADDRESS ASTREET ASTREE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent		orida, enter the name of the	
Nume of New Registered Agent			<del></del>
	(Florida street addres	ss)	
New Registered Office Address:		. Florida	
	(City)		Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and o	accept the obligations of the positio	) <b>n</b> .
Sign	nature of New Registered	d 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				<del> </del>
5) Change		_		
Add				
Remove				
6) Change		_ <del>-</del>		
Add				
Remove				

amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ch additional sh	ling additional Artic heets, if necessary).	(Be specific)	<u>icia) nere</u> .			
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	04/28/2016	
The date of each amendment(s) a		_, if other than the
date this document was signed.		
Effective date if applicable:	04/28/2016	
Effective date in applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-/ <u></u>	(voting group)	
☐ The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
	lopted by the incorporators without shareholder action and shareholder	
action was not required.	1	
Dated 🔿 L	(120)17	
Dated		
Simoton &	M(cul)	
Signature	director, president or other officer – if directors or officers have not been	_
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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