P14000067837

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUPPORT AI	RCRAFT CORP
DOCUMENT NUMBER: P14000067837	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
JOSE R. POZO	
	Name of Contact Person
	Firm/ Company
4866 NW 16TH AVE	
BOCA RATON, FL 334	Address 31
	City/ State and Zip Code
JOSE@KSOLUTIONS.MOBI	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
JOSE R. POZO	at (561 405-9556 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee Certificate of State	<u> </u>
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

Articles of Amendment to Articles of Incorporation of

SUPPORT AIRCRAFT CORP (Name of Corporation as currently filed with the Florida Dept. of State) P14000067837 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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." 4866 NW 16TH AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) BOCA RATON, FL 33431 C. Enter new mailing address, if applicable: 4866 NW 16TH AVE (Mailing address MAY BE A POST OFFICE BOX) BOCA RATON, FL 33431 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: Name of New Registered Agent (Florida street address) New Registered Office Address: 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 \hat{p}

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	DEBORA CECILIA NEHRING	11731 BAYFIELD DR
Add			BOCA RATON, FL 33498
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
I/A	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
I A	
'A	
/A	
'A	
/A	
//A	

The date of each amendment(s) adopt	on:, if other than the
date this document was signed.	on, if odds that the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
	ne amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
■ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
action was not required. 12/19/2016 Dated	by the incorporators without shareholder action and shareholder
Signature(By a direct	r, 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 duciary by that fiduciary)
• •	O CARLOS MOURAO NEHRING
	(Typed or printed name of person signing)
PRE	SIDENT
	(Title of person signing)