# Florida Department of State

Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN GCS AERO CORP.

O D I A CALL	
Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

H15000011456 3

### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GCS AERO CORP.

DOCUMENT NUMBER: P1500000112

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian D. Kennedy, Esquire

Name of Contact Person

Jones Foster Johnston & Stubbs, PA

Firm/ Company

505 South Flagler Drive, Suite 1100

Address

West Palm Beach, FL 33401

City/ State and Zip Code

## jfservice@jonesfoster.com

B-mail address: (to be used for future annual report notification)

For further information concorning this matter, please call:

Brian Kennedy

Name of Cogregor Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

is enclosed)

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

GCS Aero Corp.	
(Name of Cornoration as currently filed with the Fit	orida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	_
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2602 El Dorado Parkway West
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33914
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2602 El Dorado Parkway West
	Cape Coral, FL 33914
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	it address)
Naw Registered Office Address:	, Plorida
(Ctp)	(Zφ Code)
New Registered Agent's Signature, If changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered Ag	ent, 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 = Chalman or Clerk; CEO = Chief Executive Officer; CFO = Chief Pinancial 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			<u></u>
Remove			
3) Change			
☐ Add			
Removs			
4) Change			
DbA Add			
Remove			
5) Chánge			
Add			
Remove			, , , , , , , , , , , , , , , , , , ,
6) Change			
Add			
Remove			

Page 2 of 4

amending or adding additional Artition and additional Artition and additional sheets, if necessary).	, (Be specific)	
		•
an amendment provides for an each rovisions for implementing the ame (if not applicable, indicate NVA)	hange, reclassification, or cancellation of issued shargs, endment if not contained in the amendment itself;	
(y not applicable, thatcate N/A)		_
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the

Effective date if applicable:	(no more than 90 days after amendment file date)	
	(150 more was 14 mays after unservanies fise unic)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shatcholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cest:	for the emendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated January	14, 2015	
Signature	7-1	
(By a di solected	sector, president or other officer - if directors or officers have not been i, by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Brian Kennedy	
•	(Typed or printed name of person signing)	
	Incorporator	
•	(Title of person signing)	<del>_</del>