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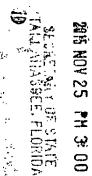
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amend

11/25/15--01008--014 **350.00



DEC 1 2015 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations Innova Composite Helicopters, Inc NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Robert Mostello at (239) 298-5887 Area Code & Daytime Telephone Number Name of Contact Person 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 Certified Copy (Additional copy is

enclosed)

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

to

Innova Composite Heli	copters Inc. 2015 NOV 25 PM 3:00
(Name of Corporation as curren	ntly filed with the Florida Dept. of State
	"ATALLAFASSIE, FLUKIDA
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
Name of New Registered Agent	NA
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/dii P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I if neces, rector tit. Presiden = Chief r, Direct in the fo	Director be sary) The by the first; T= Treater Financial for would be belowing me corporation	eing added: irst letter of the asurer; S= Sec Officer. If an be PTD. anner. Curren n, Sally Smith	e office title: cretary; D= Direc officer/director h ntly John Doe is li	tor; TR= Tr olds more th sted as the F	director being removed and tit rustee; C = Chairman or Clerk; han one title, list the first letter PST and Mike Jones is listed as hould be noted as John Doe, Pi	CEO = Chief of each office the V. There is
Example: X Change	PT	John Do	<u>e</u>				
X Remove	<u>v</u>	Mike Jo	nes				
X Add	<u>sv</u>	Sally Sm	nith				
Type of Action	<u>Title</u>		<u>Name</u>			Address	
(Check One) 1) Change	DP		Robert	4.Stoc	kard.	Innova Compo	site Helinopta
AddRemove						125 Banyan Bli Naples, FL 34	102 Ste 230
2) Change		_	···				
Add							
Remove							
3) Change		_			 		
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change							
Add						<u> </u>	···-
Remove							
6) Change		_					
Add							
Remove							

Attach addition	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
	N/A	
	19/PT	
		
		- · · - ·
		<u> </u>
···		
provisions f	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: Applicable, indicate N/A)	
		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file of	date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendment of the separately of the separately of the amendment of the separately of the	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and slaction was not required.	nareholder
Dated	
Signature Pawo Clum	
(By a director, president or other officer – if directors or officers h selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
Rubert Costello	
(Typed or printed name of person signing)	
General Counci	1 SVP
(Title of person signing)	1