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(((H22000152761 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Email Address:

Account Name : TAX CONTROLLER INC

Account Number : I20210000142

Phone

: (954)301-1848

Fax Number

: (954)532-9458

| *Enter th | e email | address | for | this | busine | ess | entity | to | be | used | for | future |
|-----------|----------|---------|-----|-------|--------|-----|--------|-----|-----|-------|------|--------|
| ਪ annua | l report | nailin | gs. | Enter | only | one | email | add | res | s ple | ase. | ** |

COR AMND/RESTATE/CORRECT OR O/D RESIGN

INTERCONTINENTAL COMMERCIAL AIRCRAFT INC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 06 |
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: INTERCONTINE | NTAL COMMERCIAL AI | RCRAFT INC | | | | | |
|--|--|--|--|--|--|--|--|
| DOCUMENT NUMBER: P15000053727 | | | | | | | |
| The enclosed Articles of Amendment and fee are su | bmitted for filing. | | | | | | |
| Please return all correspondence concerning this ma | atter to the following: | | | | | | |
| LUIZ HENRIQUE N DA SII | LVA | | | | | | |
| | Name of Contact Person | n | | | | | |
| INTERCONTINENTAL CO | INTERCONTINENTAL COMMERCIAL AIRCRAFT INC | | | | | | |
| | Firm/ Company | | | | | | |
| 6490 SE 138 AVE | 6490 SE 138 AVE | | | | | | |
| | Address | | | | | | |
| MORRISTON, FL 32668 | MORRISTON, FL 32668 | | | | | | |
| | City/ State and Zip Cod | e | | | | | |
| icaircraftinc@gmail.com | icaircraftinc@gmail.com | | | | | | |
| E-mail address: (to be us | sed for future annual report | notification) | | | | | |
| For further information concerning this matter, pleas | | | | | | | |
| LUIZ HENRIQUE N DA SILVA | at (| 933-2651 | | | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | | | | |
| Enclosed is a check for the following amount made | payable to the Florida Depa | artment of State: | | | | | |
| \$35 Filing Fee \$Certificate of Status | ☐\$43.75 Filing Fcc & 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 | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | |

(((H220001527613))) FILED

2022 APR 27 PM 6: 00

Articles of Amendment to Articles of Incorporation

SECRETARY OF STATE TALLAHASSEE, FL

| | | of history by | | |
|--|--|---|--|--|
| TERCONTINENTAL COMMERCIA | L AIRCRAFT INC | | | |
| (Name | of Corporation as curren | atly filed with the Florida Dept. of State) | | |
| 5000053727 | | · | | |
| | (Document Number | of Corporation (if known) | | |
| rsuant to the provisions of section 607. Articles of Incorporation: | .1006, Florida Statutes, th | is Florida Profit Corporation adopts the following amendment | | |
| If amending name, enter the new n | ame of the cornoration: | | | |
| | | The new | | |
| me must be distinguishable and contoin nc.," or Co.," or the designation "C hartered," "professional association." | Corp, "Inc," or "Co". | "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "." | | |
| Enter new principal office address. rincipal office address MUST BB A S | | | | |
| Enter new malling address if apple (Malling address MAY BE A POST | | PO BOX 970505 | | |
| | | COCONUT CREEK, PL 33097 | | |
| If amending the registered agent an new registered agent and/or the new | nd/or registered office ad or registered office addre | dress in Florida, enter the name of the | | |
| Name of New Registered Agent | LUIZ HENRIQUE N DA | A SILVA | | |
| | 6490 SE 138 AVE | | | |
| | 6490 SE 138 AVE | | | |
| | | street address) | | |
| New Registered Office Address: | | street address) Florida 32668 | | |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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 hald. 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 | PT | John Doe | |
| X Remove | <u>v</u> | Mike Jones | |
| _X_ Add | SY | Sally Smith | ~ |
| Type of Action (Check One) | Title | Name | <u>Address</u> |
| l)Change | <u>coo</u> | ARMAND A LAROCQUE | 6490 SE 138TH AVENUE |
| Add | | | MORRISTON, FL 32668 |
| X Remove | | | |
| 2) Change | | _ | |
| Add | | | |
| Remove 3) Change | · | | |
| Add | | | _ |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | <u>,,</u> | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

TAX CONTROLLER INC (((H22000152761 3)))

| | (Be specific) |
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| an amendment provides for an exchi- provisions for implementing the agree (If not applicable, Indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment likelf: |
| rovisions for implementing the amen | appe, reclassification, or cancellation of issued shares, adment if not contained in the amendment likelf; |
| (If not applicable, Indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment likelf: |
| rovisions for implementing the amen | ange, reclassification, or cancellation of issued shares, disent if not contained in the amendment likeli; |
| (If not applicable, Indicate N/A) | ange, reclassification, or cancellation of issued shares, identification of issued shares. |
| (if not applicable, Indicate N/A) | ange, reclassification, or cancellation of issued shares, identification of issued shares, identification of in the amendment likelit; |
| orovisions for implementing the auren (if not applicable, Indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment likeli; |

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| The date of each amendment(s) adoption:, if other than the date this document was signed. |
|--|
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes east for the amendment(s) was/were sufficient for approval |
| by |
| (voling group) |
| Signature × 04/07/02 (By a director/ 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 appointed fiduciary by that fiduciary) |
| LUIZ HENRIQUE N DA SILVA |
| (Typed or printed rame of person signing) CEO (Title of person signing) |