P15000091348

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	Mait Wait	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		I

Office Use Only



000304537240

10/16/17--01005--005 **35.00

EFFECTIVE DATE

Manuchs

OCT 1:1 2017
I ALBRITTON

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

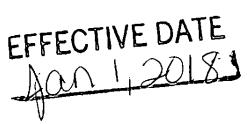
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
X	РНОТОСОРУ	
	cus	
X	FILING	Amendment
	Carl Healey a	nd Associates U.S., Inc.
-	(CORPORATE NAME AND DOCUMEN	Γ #)
-	(CORPORATE NAME AND DOCUMENT	Γ#)
-	(CORPORATE NAME AND DOCUMEN'	Γ #)
-	(CORPORATE NAME AND DOCUMENT	Γ#)
-	(CORPORATE NAME AND DOCUMENT	Γ#)

Articles of Amendment to Articles of Incorporation of



CARL HEALEY & ASSOCIATES U.S., INC.

(Name of Corporation as current)	v filed with the Florida Dept. of State	
P15000091345	The state of the s	
(Document Number of	Corporation (H'known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amendm	ient(s) to
. If amending name, enter the new name of the corporation:		
VIVIC AERO MARINE ENTERPRISES, INC		
name must be distinguishable and contain the word "corporation Corp." "Inc. or Co." or the designation "Corp." "Inc." or ord "chartered." professional association," or the abbreviation	Car I professional consequentions of the contract	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TIN
. If amending the registered agent and/or registered office addrnew registered agent and/or the new registered office address:	ess in Florida, enter the name of the	WH 65 -
Name of New Registered Agent	73. ·	
r Florida stre	that there	
New Registered Office Address:		
	Cuv , Florida (Zip Coste)	
	(zaj) (tali)	
Project and Assessed Assessed		
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent—I am familiar w	ith and accept the obligations of the position	
	and the personal state of the personal state	
<u></u>	gistered 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:

+ titach 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 Unancial Officer. If an officer director holds more than one title. Its 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 3. There is a change. Mike Jones leaves the corporation. Sally Smith is named the 3. 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	
∑ Remove	$\overline{\Sigma}$	Mike Jones	
Add	51	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change			_
Add			
Remove			
2) Change			
Add			
Remove			
3 + Change		_	
Add			
Remove			
1) Change			
Add			
Remove			
Sr Change			
Add			
Remove			<u> </u>
6) Change	<u> </u>		
Add	-		
Remove			

amending or adding additional attach additional sheets, if necessary	irvi - (Be specif	îc)			
					
	-		<u></u>		
	_			-	
· · · · · · · · · · · · · · · · · · ·		• • •			
	_				
	·			· · · · · · · · · · · · · · · · · · ·	··
					
			_		
					
					
					
an amendment provides for an	exchange, reclas	sification, or ca	incellation of iss	ued shares.	
orovisions for implementing the (if not applicable, indicate N.	<u>amenument if no</u> ()	of contained in	the amendment	<u>itself:</u>	
					
					
			 ·		
					

The date of each amendment() date this document was signed,	s) adoption:	if other than the
_	January 1, 2018	
Effective date if applicable:	·	
	tho more than 90 days after amendment file dates	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this de- Department of State's records	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were by the shareholders was were	adopted by the shareholders. The number of votes east for the amendment e sufficient for approval.	51
☐ The amendment(s) was were must be separately provided	approved by the shareholders through voting groups. The following statemeter each voting group entitled to vote separately on the amendments:	em
"The number of votes of	ast for the amendment(s) was were sufficient for approval	
by	<u> </u>	
	tvoting group;	
☐ The amendment(s) was were action was not required.	adopted by the board of directors without shareholder action and shareholde	rr
☐ The amendment(s) was were action was not required.	adopted by the incorporators without shareholder action and shareholder	
October Dated	13.2017	
Signature	Las Heally	
(By sele	a director, president or other efficer / if directors or officers have not been eted, by an incorporator - if in the hands of a receiver, trustee, or other cour ointed fiduciary by that fiduciary)	1
	Carl Healey	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	