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OCT 30 2017

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ______

DOCUMENT NUMBER: P17000033669

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

Please return all correspondence concerning this matter to the following:

HELEN BRAZIER

Name of Contact Person

ALANTIS FLIGHT ACADEMY

Firm/ Company

6067 HOLLYWOOD BLVD, SUITE 325

Address

HOLLYWOOD, FL, 33024

City/ State and Zip Code

helen.brazier@globalatlantis.com

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

For further information concerning this matter, please call:

HELEN BRAZIER

Name of Contact Person

at (<u>786</u>) <u>3321228</u> Area Code & Daytime Telephone Number

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

\$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & 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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ATLANTIS FLIGHT ACADEMY, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000033669

(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:

The new 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."

	<u>Enter new principal office address, if applicable:</u> incipal office address <u>MUST BE A STREET ADDRESS</u>)		<u> </u>	
C.	<u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2017 BCT 21	FILED
D.	If amending the registered agent and/or registered office addre new registered agent and/or the new registered office address:			
	Name of New Registered Agent			
	(Florida stre	et address)		
	New Registered Office Address:	, Florida,		
	((City)	(Zip Code)	

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 position.

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 Doc 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:

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X Change	<u> </u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>Р</u>	ALFREDO JOSE DIEZ SEOANE	6067 HOLLYWOOD BLVD.
XAdd			SUITE 325
			HOLLYWOOD, FL, 33024
2) Change			
Add			
Remove			
3) Change			
Add			<u> </u>
Remove			·······
4) Change	<u> </u>	<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

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F.	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

____ ____

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	10/07/2017	· · · ·	
	loption:	, if other than	
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment	file date)	
Note: If the date inserted in this I document's effective date on the De	lock does not meet the applicable statutory filing rec partment of State's records.	juirements, this date will not be listed as	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
□ The amendment(s) was/were add by the shareholders was/were st	pted by the shareholders. The number of votes east for Micient for approval.	or the amendment(s)	
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the a		
"The number of votes cast	for the amendment(s) was/were sufficient for approval	l	
by		-	
· · · · ·	(voting group)	-	
The amendment(s) was/were ad- action was not required.	pted by the board of directors without shareholder act	ion and shareholder	
The amendment(s) was/were ad- action was not required.	pted by the incorporators without shareholder action a	nd shareholder	
10/07/201	,		
Dated	· · · · · · · · · · · · · · · · · · ·		
Ilbraioc			
Signature	DICARE -		
(By a c	irector, president or other officer - if directors or offic	ers have not been	
	d, by an incorporator - if in the hands of a receiver, tru	istee, or other court	
appoin	ted fiduciary by that fiduciary)		
	HELEN BRAZIER		
	(Typed or printed name of person signing)		
	Secretary Officer		
	(Title of person signing)		

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