## P170001015a4

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>AVIATION ASSE</u>	ET MANAGEMENT INC.	OF FLORIDA
DOCUMENT NUMB	ER: <u>P17000101524</u>		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
		William H. Crawford	
		Name of Contact Person	1
	Thon	npson, Crawford, & Sn	niley
		Firm/ Company	
	13	330 Thomasville Road Address	
		Tallahassee, Florida 3	
		City/ State and Zip Code	
	E-mail address: (t	william@teslawfirm. o be used for future annual	
•			
For further information .	concerning this matter, plea	se call:	
Willia	m Crawford	at ( 850	) 386-5777
	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Ameno Divisio Clifton	Address dment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

AVIATION ASSET MANAGEMENT INC. OF FLORIDA

AVIATION ASSET MANAGEMEN	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1700010	1524
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
AVIATION ASSET MANAGEMENT, INC.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	D D
Signature of New K	egistered 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 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:	e, ana sai	iy smun, s	v as an Aaa.	
X Change	<u>PT</u>	John Doe	2	
X Remove	<u>V</u>	Mike Jon	<u>nes</u>	
_X_Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1)Change				
Add				
Remove				
2)Change		<del></del>		
Add				
Remove				
3)Change		_		
Add				
Remove				
4)Change		_		
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Remove				
5)Change				
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Remove				
6)Change				
Add		<del>.</del>		
Pamova				

(Attach additional sheets, if necessary). (Be specific)	
(Titue!! dadinosial sheets, y necessary). (De spectylo)	
	<u></u>
E. 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)	
···· <u>·</u>	

The date of each amendment(s) adoption: <u>April 25, 2018</u> 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 a document's effective date on the Department of State's records.	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 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 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 and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 25 Apr 18	
Signature Mack () ALSON	****
<ul> <li>(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)</li> </ul>	
Mark D. Halsor	
(Typed or printed name of person signing)	
President & Director	
(Title of person signing)	