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S. YOUNG

COVER LETTER

TE

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AVCONNECT INC					
DOCUMENT NUMBER: P18000042805					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondent	ondence concerning this ma	tter to the following:			
\	Vishal Jamwal				
<u> </u>	Name of Contact Person AVCONNECT INC				
_	Firm/ Company				
1	127 MICHAELA ST				
_	Address				
S	SAINT JOHNS, FLORIDA 32259				
		City/ State and Zip Code	:		
vishaal	_jamwal@hotmail.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information of Shiv Jha	concerning this matter, pleas	e call: at (248-0333		
Nama at	Contact Pareon	at (do & Dautima Talanhana Number		
Name of Contact Person 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)	☐S52.50 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

۸	of
Avionnet Inc	
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P1800042805	
(Document)	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ASTREET ASTREE	
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
D. 15	
new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg	vistered Agent:
i nereny accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature 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 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: \underline{X} Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	VISHAL JAMSWAL	127 MICHAELA ST
Add X Remove			SAINT JOHNS, FLORIDA 32259
2) Change	P	VISHAL JAMWAL	127 MICHAELA ST
X Add			SAINT JOHNS, FLORIDA 32259
Remove 3) Change	D	ANURADHA JAMWAL	127 MICHAELA ST
X Add			SAINT JOHNS, FLORIDA 32259
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary).—(Be specific)					
This amendment is initiated due to a spelling mistake by the Incorporator. President's last name should be JAMWAL not JamSwal. There is a S in last name due to error. This amendment is correcting the the spelling mistake of last Name which					
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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)					

The date of each amendment date this document was signed	(s) adoption:	, if other than the
·	08/20/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amerere sufficient for approval.	ndment(s)
	re approved by the shareholders through voting groups. The following ad for each voting group entitled to vote separately on the amendment	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sh	archolder .
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	older
08/16 Dated	72018	
Signature	Vishal Jamual	
(B	y a director, president or other officer $-if$ directors or officers have n lected, by an incorporator $-if$ in the hands of a receiver, trustee, or ot pointed fiduciary by that fiduciary)	
	Vishal Jamwal	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	