P18 000074734

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





900332711659

08/14/19--01012--010 **35.00



AUG 2 1 2018 C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MD Aviation Corp
DOCUMENT NUMBER:	P18000074734
The enclosed Articles of Amenda	sent and fee are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
	Candice Rojas-Colucci, Esq.
	Name of Contact Person
	Colucci Law Group, PLLC
	Firm/ Company
	499 Patricia Ave. Suite B
	Address
	Duneden, Florida, 34698
	City/ State and Zip Code
	Candice@Coluccilawgroup.com
E-mail	address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
Candice Rojas-Colucci, E	sqat (727 ₃ 733-9438
Name of Contact P	erson Area Code & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made payable to the Florida Department of State:
	75 Filing Fee & Status S\$2.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy Certified Copy (Additional Copy is enclosed) Certified Copy Certified Copy
Mailing Address Amendment Section of Corperior P.O. Box 6327 Tallahassee, FL	Amendment Section Orations Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	MD Avia	ation Corp		
(Name of	Corporation as currer	ntly filed with the Florida Dept. of	f State)	_
	P18000	0074734		
· 	(Document Number	of Corporation (if known)		_
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, thi	is Florida Profit Corporation adopt	ts the following amendment(s)) 1
A. If amending name, enter the new nam	e of the corporation:			
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	ion "Corp," "Inc," or	"Co". A professional corporation		
B. <u>Enter new principal office address, if a Principal office address MUST BE A STR</u>			2019 AU	na.J
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		499 Patricia Ave	ASS PA	7)
		Suite B	17 17 TO	į
		Dunedin, FL, 34698		
D. If amending the registered agent and/onew registered agent and/or the new r			<u>f the</u>	
Name of New Registered Agent	Candice Rojas-	Colucci, Esq.		
	499 Patricia Av	e. Suite B		
_	(Florida s	treet address)		
New Registered Office Address:	Dunedin	Flo	orida 34698	

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

(City)

(Zip Code)

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: 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	DIR	Daniels, Hunter	10130 NORTHLAKE BLVD. SUITE 214-243
Add			WEST PALM BEACH, FL 33412
X Remove			
2) Change	•		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
	-, -, -, -, -, -, -, -, -, -, -, -, -, -
	
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an amendment itself:

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: AV61UST 6, 2019 (no more than 90 days after amendment file date)	
(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 da document's effective date on the Department of State's records.	te will 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 statemed must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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 shareholde action was not required.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (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)	
Tewicht Cartwright (Typed of printed name of person signing)	
(Title of person signing)	