P190000 65 336

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

TO: Amendment Section Division of Corporations HMI Aviation Corp NAME OF CORPORATION: P19000065336 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Theodore A Broer Name of Contact Person HMI Aviation Corp Firm/ Company 100 Lake Ariana Blvd Address Auburndale, FL 33823 City/ State and Zip Code sandy@sandystephenscpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sandra L Stephens, CPA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee □\$43.75 Filing Fee & S43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certified Copy -Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment · to . . Articles of Incorporation, of

| HMI Aviation Corp | | |
|---|-------------------------------------|--------------------------------|
| (Name of Corporation as cu | rrently filed with the Florida De | pt. of State) |
| 19000065336 | | • |
| _ | nber of Corporation (if known) | |
| (Document Num | nber of Corporation (it known) | |
| rsuant to the provisions of section 607.1006, Florida Statutes | s, this Florida Profit Corporation | adopts the following amendment |
| Articles of Incorporation: | | |
| , Attitutes of imporporations of | • | |
| If amending name, enter the new name of the corporation | on: | • |
| //A | | The new |
| | " "company " or "incor | |
| ame must be distinguishable and contain the word "corp Corp.," "Inc.," or Co.," or the designation "Corp." "Inc. | " or "Co" A professional corpo | eration name must contain the |
| Corp.," "Inc.," or Co., or the designation, Corp. Inc., or "chartered," "professional association," or the abbrevio | ation "P 4" | •, |
| ord "charterea, projessional association, of the above in | • | |
| Enter new principal office address, if applicable: | N/A · | |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) |) | |
| | | |
| | | 7 |
| | | |
| - w | | |
| Enter new mailing address, if applicable: | N/A | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
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| | · | ame of the |
| . If amending the registered agent and/or registered office | ce address in Fiorida, enter the h | ame of the |
| new registered agent and/or the new registered office a | idai ess. | |
| Name of New Registered Agent N/A | | |
| Name of New Registered Agent | | |
| | | |
| (Flo | orida street address) | |
| N/A | | . Florida |
| New Registered Office Address: | (Cipy) | (Zip Code) |
| | (City) | (Lip couc) |
| | | |
| | | |
| iew Registered Agent's Signature, if changing Registered | Agent: | |
| hereby accept the appointment as registered agent. I am fa | miliar with and accept the obligati | ions of the position. |
| | | |
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| | | |
| ▶ 1 (1) | | |

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 Doe | | |
|-------------------|--------------|---------------|----------|-----------------------|
| X Remove | <u>V</u> | Mike Jones | * 1 , , | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | | · |
| Type of Action | <u>Title</u> | Name . | | <u>Addres</u> s |
| (Check One) | AR | John A Parvin | , | 31564 US Hwy 19 N |
| 1) Change | | | | Palm Harbor, FL 34684 |
| Add X | | | | |
| Remove | | • | | |
| 2)Change | | | · · · | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | · |
| Add | | | | |
| Remove | | · | | |
| 4) Change | | | <u> </u> | |
| Add | | | | |
| Remove | | | | |
| — | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | • | | |
| Remove | | | | |

| | <mark>ling or adding a</mark> dditional sheets, | if necessary). | (Be specific) | | | | |
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| lf an am | nendment provi | ides for an excha tenting the amen | ange, reclassific | ation, or cancel ntained in the a | mendment itself: | Hares, | |
| provisi (if | not applicable, | indicate N/A) | different in more co | | | • | • |
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| | August 9, 2019 , if other than the |
|---|---|
| The date of each amendment(s) ad | option:, it office than the |
| late this document was signed. N/A | |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this blocument's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were ado by the shareholders was/were sur | pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement 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 | ······································ |
| oy | (voting group) |
| The amendment(s) was/were add action was not required. | pted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were add action was not required. | pted by the incorporators without shareholder action and shareholder |
| 8/27/2019 | |
| Dated | |
| | The a a Breeze |
| Signature | irector, president or other officer – if directors or officers have not been |
| (By a d | d, by an incorporator – if in the hands of a receiver, trustee, or other court |
| appoin | ted fiduciary by that fiduciary) |
| | Theodore A Broer |
| | (Typed or printed name of person signing) |
| | |
| | President |
| | (Title of person signing) |