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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Flight Adventures,	Inc.			
DOCUMENT NUMI	BER: P19000076330				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DeAnna Montemayor				
		Name of Contact Person	1		
	Wyoming Corporate Services	S			
	Firm/ Company				
	1712 Pioneer Ave Suite 500				
		Address			
	Cheyenne, WY 82001				
		City/ State and Zip Cod	c		
·	deanna@wyomingcompany.c	rom			
	• • •	sed for future annual report	notification)		
		,	,		
For further informatio	n concerning this matter, pleas	se call:			
	3		U37		
DeAnna Montemayor	Γ	at (3 82- 3333		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Flight Adventures, Inc.			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P19000076330			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment	t(s) to	
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"		
B. Enter new principal office address, if applicable:	13603 NW 9th Ln		
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl. 33182		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13603 NW 9th Ln		
(muning dualess SIAT DE ATOST OFFICE DOA)	Miami, FL 33182		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	SEURE P - PH SELVE City) SELVE SEP - PH SELVE COMP. SELVE SEP - PH S	コニコフ	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	Pitts, Gerald	1712 Pioneer Ave Suite 7000
Add	-		Cheyenne, WY 82001
Remove 2) Change	D	Brooks Sanchez	13603 NW 9th Ln
X Add			Miami, FL 33182
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	z or adding addition: tional sheets, if necess	sary). (Be speci	fic)			
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<u>.</u>		-		 -		
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f an ameno	iment provides for a	in exchange, recl	assification, or ca	ncellation of issued	shares,	
	for implementing th applicable, indicate N	<u>re amenument ii</u>	not contained in t	ne amendment use	<u>11:</u>	
provisions (if not	in the state of th	,				
provisions (if not a						
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The date of each amendment(s) ac	loption:	, if other than the
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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	ment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s)	talement):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	ugust 26th 2ggs	
Signature	1411	
(By a d	rector, president or other officer - if directors or officers have not	been
	i, by an incorporator – if in the hands of a receiver, trustee, or other and fiduciary by that fiduciary)	r court
аррош	Conditionary by that inductary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	