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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HELIAMERICA AERONALTICS SERVICES CORPORATION
DOCUMENT NUMBER: P200 000 63850
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VANESSA SALGADO  Name of Contact Person
AMERICA EXPERT Firm/ Company
409 NW 10+h TERRACE
HALLANDALE BEACH-FL 33009 City/ State and Zip Code
ADMINFIN CAMERICA EXPERT. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VANESSA SALGADO at (305) 824.9100  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:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FI, 32303

## Articles of Amendment

FILED

	to Articles of Incorp	poration			
	of		001144D-00	am 8: 03	-
HELIAMERICA ,	<u>AERDNALI</u>	ics.	SERWICES	CORPU	<u>PRA</u> TION
(Name of Co	rporation as currently f	iled with the	Florida Dept. of State)	OF STAIL	
	<u> </u>	<del></del>		4225511 =	
	(Document Number of C	•			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this <i>Fla</i>	orida Profit C	<i>orporation</i> adopts the fo	llowing amendm	ent(s) to
A. If amending name, enter the new name	of the corporation:			. DU T/	N
	NAUTICS		lices cor		<i>31</i> 0
name must be distinguishable and contain the v "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or the	" "Inc," or "Co". A p				
B. Enter new principal office address, if ap					
(Principal office address <u>MUST BE A STRE</u>	<u>e i Address</u> )		<u>.                                    </u>		
C. Enter new mailing address, if applicable	p.·				
(Mailing address MAY BE A POST OFF					
	-			<del></del>	
D. If amending the registered agent and/or new registered agent and/or the new reg		s in Florida,	enter the name of the		
Name of New Registered Agent					
_	(Florida street	address)			
New Registered Office Address:			, Florida		
	(Ci	(iy)		(Zip Code)	
New Registered Agent's Signature, if chang					
I hereby accept the appointment as registered	agent. I am familiar with	and accept t	he obligations of the pos	ition.	
	Charles EV D		tf.sh.sssisss	<del></del>	
	Signature of New Regi	sierea ageni,	ij changing		

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>	<u>John Doe</u>		
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>		Address
1) Change	-		<del> </del>	
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Āī	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)
	<u> </u>
<u>lf :</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>p</u>	rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
-	
_	
• • • • •	<del></del>

The date of each amendment(s) adoption:, if or	her 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 block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareho action was not required.	lder
☐ 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)	
Dated MARCH, 23, 2021 Signature Longold D	
(By */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)	
(Typed or printed name of person signing)	
(Title of person signing)	_

. . . .