## PZ1 00000 45372

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO   | RATION: Proteng Aerospace                  | Inc.   |  |  |
|---|--|--|--|--|
|   | BER: P21000045372                          |  |  |  |
| The enclosed Article  | s of Amendment and fee are su              | bmitted for filing.  |  |  |
| Please return all corre   | espondence concerning this ma              | tter to the following:   |  |  |
|   | Antonio B. Escano                          |  |  |  |
|   | <u> </u>                                   | Name of Contact Persor   | 1  |  |
|   | ABE Business Solutions Inc.                |  |  |  |
|   |  | Firm/ Company  |  |  |
|   | 8228 NW 8 Place                            |  |  |  |
|   |  | Address  |  |  |
|   | Plantation, FL 33324                       |  |  |  |
|   |  | City/ State and Zip Code   | 2  |  |
|   | tonyescano@hotmail.com                     |  |  |  |
|   | • •  | sed for future annual report   | notification)  |  |
|   | L-man address. (to be us                   | sed for fature annual report   | nottication  |  |
| For further information   | on concerning this matter, pleas           | se call:   |  |  |
| Antonio Escano  |  | at (   | 268-6590   |  |
| Name  | of Contact Person                          |  | de & Daytime Telephone Number  |  |
| Enclosed is a check f   | or the following amount made               | payable to the Florida Depa  | artment of State;  |  |
| S35 Filing Fee  | ■S43.75 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) |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 |  | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| Proteng Aerospace Inc.   |  |  |  |  |  |
|--|--|--|--|--|--|
| (Name of Corporation as curren   | tly filed with the Florida Dept. of State)                     |  |  |  |  |
| P21000045372   |  |  |  |  |  |
| (Document Number   | of Corporation (if known)                                      |  |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:   | s Florida Profit Corporation adopts the following amendment(s) |  |  |  |  |
| A. If amending name, enter the new name of the corporation:  |  |  |  |  |  |
| Thia Aerospace Inc.  | The new  |  |  |  |  |
| name must be distinguishable and contain the word "corporation,"<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co".<br>"chartered," "professional association," or the abbreviation "P.A | A professional corporation name must contain the word          |  |  |  |  |
| B. Enter new principal office address, if applicable:  | 3132 Fortune Way D8  |  |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Wellington, FL 33414   |  |  |  |  |
|  | 202  |  |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 11320 Fortune Circle G27                                       |  |  |  |  |
|  | Wellington, FL 33414   |  |  |  |  |
|  | ma de D  |  |  |  |  |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address  | dress in Florida, enter the name of the                        |  |  |  |  |
| Name of New Registered Agent   |  |  |  |  |  |
| (Florida s   | street address)  |  |  |  |  |
| New Registered Office Address:   | , Florida  |  |  |  |  |
|  | (City) (Zip Code)  |  |  |  |  |
| New Registered Agent's Signature, if changing Registered Ager<br>I hereby accept the appointment as registered agent. I am familian  | nt:  |  |  |  |  |
| Signature of New   | Registered Agent, if changing                                  |  |  |  |  |
|  | regulate on right in a standard                                |  |  |  |  |
| 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)

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:<br>X Change          | <u>PT</u>   | John Do  | a a         |                 |
|-------------------------------|-------------|----------|-------------|-----------------|
|                               |             |          |             |                 |
| X Remove                      | <u>V</u>    | Mike Jo  | <u>nes</u>  |                 |
| _X Add                        | <u>SV</u>   | Sally Sn | <u>nith</u> |                 |
| Type of Action<br>(Check One) | Title       |          | <u>Name</u> | <u>Addres</u> s |
| I) Change                     |             | _        |             |                 |
| Add                           |             |          |             |                 |
| Remove                        |             |          |             |                 |
| 2) Change                     |             | _        |             |                 |
| Add                           |             |          |             |                 |
| Remove 3) Change              |             | _        |             |                 |
| Add                           |             |          |             |                 |
| Remove                        |             |          |             |                 |
| 4) Change                     |             | _        |             |                 |
| Add                           |             |          |             |                 |
| Remove                        |             |          |             |                 |
| 5) Change                     |             | _        |             |                 |
| Add                           |             |          |             |                 |
| Remove                        |             |          |             |                 |
| 6) Change                     |             | _        |             |                 |
| Add                           | <del></del> |          |             |                 |
| Remove                        |             |          |             |                 |

| Attach  | additional she | ng additional Ar<br>ets, if necessary). | (Be specific)     |                 |                   |           |  |
|---------|----------------|---|-------------------|-----------------|-------------------|-----------|--|
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|         |                |   |                   |                 |                   |           |  |
| f an ar | nendment pro   | ovides for an exc                       | hange, reclassifi | cation, or canc | ellation of issue | d shares, |  |
| provis  | ions for imple | ementing the ame                        | endment if not c  | ontained in the | amendment it      | self:     |  |
| (9      | пог ирупсион   | e, maicale WA)                          |                   |                 |                   |           |  |
|         | <del></del>    |   |                   |                 |                   |           |  |
|         |                |   |                   |                 |                   |           |  |
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|         |                |   |                   | <del></del>     | <u> </u>          |           |  |
|         | <del></del>    | •                                       |                   | <del></del>     |                   |           |  |
|         | <u> </u>       |   |                   |                 |                   |           |  |
|         |                |   |                   |                 |                   |           |  |
|         |                |   | -                 | _               | -                 |           |  |

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| The date of each amendment(s) a date this document was signed.                 | doption:   | , if other than the                   |
|--|--|---------------------------------------|
| ~  |  |                                       |
| Effective date <u>if applicable</u> :  | (no more than 90 days after amendment file date)   |                                       |
| <b>Note:</b> If the date inserted in this ladocument's effective date on the D | block does not meet the applicable statutory filing requirements, epartment of State's records.                                | , this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                                       |
| The amendment(s) was/were ad<br>action was not required.                       | opted by the incorporators, or board of directors without sharehol   | der action and shareholder            |
| ☐ The amendment(s) was/were ad<br>by the shareholders was/were s               | opted by the shareholders. The number of votes cast for the amer ufficient for approval.                                       | ndment(s)                             |
|  | proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment |                                       |
| "The number of votes case  | for the amendment(s) was/were sufficient for approval  |                                       |
| by   | "  |                                       |
|  | (voting group)   |                                       |
| April 04, 2 Dated Signature  | 023  liregiot president or other officer – if directors or officers have no  | <u> </u>                              |
| selecte  | d by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)                           |                                       |
| цоролу   | Dusan Maly   |                                       |
|  | (Typed or printed name of person signing)  | <del>.</del>                          |
|  | President  |                                       |
|  | (Title of person signing)  |                                       |

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover

letter.

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (1/20)