



Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

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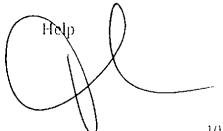
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SKYLINERS, INC.

Certificate of Status	0
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March 14, 2023

## FLORIDA DEPARTMENT OF STATE Division of Corporations

SKYLINERS, INC. 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702US

SUBJECT: SKYLINERS, INC.

REF: P21000081662

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H23000092870 FAX Regulatory Specialist II Supervisor Letter Number: 923A00005851

## Articles of Amendment to Articles of Incorporation of

Skyliners, Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000081662	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Lynch Skyliners, Inc.	The new
name must be distinguishable and contain the word "corporation," "c "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:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	102
	2023 HAR 15
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	J. J
	9
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if 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 Fresident; 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</u>	. Doe	
X Remove	<u>V</u> <u>Mik</u>	2 Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			2023 HAR 15
Remove			3 11/10
2) Change	······		
Add			
Remove 3.) Change			9. 23
Add			
Remove			
4) Change		Halleston and the second	
Add			-
Remove			
5) Change	p. 00 . 00 . 00 . 00 . 00 . 00 . 00 . 0		
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Remove			
6) Change		144.1	
Add			
Remove			

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an amendment provides for an exchange, reclass	sification, or cane	ellation of issued :	shares.		
rovisions for implementing the amendment if no	ot contained in the	: amendment itsel	<u>f:</u>		
(if not applicable, indicate N/A)					
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The date of each amendment(s) add	option:			if other	than the
date this document was signed.					
Effective date <u>if applicable</u> :					
	(no more than 90) d	ays after amendment file date)			
Note: If the date inserted in this blo document's effective date on the Dep		le statutory filing requirements, this data	e will no	ot be liste	d as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )				
X The amendment(s) was/were adopaction was not required.	sted by the incorporators, or bor	ard of directors without shareholder action	n and sh	areholder	
☐ The amendment(s) was/were adop by the shareholders was/were suf		umber of votes east for the amendment(s	)		
		gh voting groups. The following statemente separately on the amendment(s):	11		
"The number of votes cast for	or the amendment(s) was/were	sufficient for approval			
by				202	
•	(voting group)			2023 MAR	1
			k *	R - 5	ن میں حصت
Dated 03/10/20	)23	_	S.78		: 723
	Steven Lyrch		-	7H 9:	
selected,		<ul> <li>if directors or officers have not been ands of a receiver, trustee, or other court</li> </ul>	,	: 23	
	Steven Lynch				
	(Typed or printed nar	ne of person signing)			
_	PTSD				
	(Title of person signi-	ng)			