Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000530163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HUY JACOB P.A.

Account Number : I20210000156

Phone : (239)790-0123

Fax Number

: (239)317-6070

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 🖳

Email Address: info@huyjacob.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN FLY LIKE AN EAGLE INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Y SULKER

02/09/2022 12:10 PM

Electronic Filing Menu

Corporate Filing Menu

From: Suzanne Palumbo Fax: 12393176070

To:

Fax: (850) 617-6380

Page: 2 of 6

02/09/2022 12:10 PM

COVER LETTER

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION	ON: FLY LIKE AN EAG	GLE INC.					
DOCUMENT NUMBER:	P22000001110						
The enclosed Articles of An	nendment and fee are sub	omitted for filing.					
Please return all correspondence concerning this matter to the following:							
PETE	ER HUY, ESQ.						
Name of Contact Person							
HUY JACOB P.A.							
	Firm/ Company						
6050	6050 COLLIER BOULEVARD, SUITE 132						
	Address						
NAP	NAPLES, FLORIDA 34114						
	City/ State and Zip Code						
info@	info@huyjacob.com						
	E-mail address: (to be us	ed for future annual report	notification)				
For further information concerning this matter, please call;							
PETER HUY, ESQ.		239 at (790-0123				
PETER HUY, ESQ. at (239) 790-0123 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	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				

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

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee .From: Suzanne Palumbo

Fax: 12393176070

To:

Fax: (850) 617-6380

Page: 3 of 6

02/09/2022 12:10 PM

Articles of Amendment to

	ncorporation of				
FLY LIKE AN EAGLE INC.	24				
(Name of Corporation as curren	itly filed with the Florida Dept. of State)				
P22000001110					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:	97				
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word				
B. Enter new principal office address, if applicable:	4021 30th Avenue N.				
(Principal office address MUST BE A STREET ADDRESS)	Saint Petersburg, Florida 33713				
	2622				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4021 30th Avenue N.				
	Saint Petersburg, Florida 33713				
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre					
Name of New Registered Agent					
	street address)				
(Florida s					
(Florida s New Registered Office Address:	. Florida				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

From: Suzanne Palumbo

Fax: 12393176070

To:

Fax: (850) 617-6380

Page: 4 of 6

02/09/2022 12:10 PM

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	PT	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
X Change	D		GARY C. MONTGOMERY	4021 30th Avenue N.
, Add		-		Saint Petersburg, Florida 33713
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

To:

Attach additional s	ding additional Ar sheets, if necessary).	. (Be specific)				
	<u> </u>					
						
			110		<u>-</u> -	
					 -	
			 			
<u> </u>						
			- 			
-	 -					
						
						
						
an amendment provisions for im	provides for an exc plementing the am	hange, reclassifi endment if not c	cation, or cance ontained in the	<u>llation of issued</u> amendment itse	<u>shares,</u> lf:	
(if not applica	able, indicate N/A)				<u> </u>	
			···			
		- ' -	 -			
						
				<u> </u>		

From: Suzanne Palumbo	Fax: 12393176070	То:	Fax: (850) 617-6380	Page: 6 of 5	02(09)2022 12:10 PM
	!		ļ		
The date of each	h amendment(s) ac ent was signed.	doption:		··· ,	, if other than the
Effective date if	 applicable:		<u> </u>		
_	İ	(no more th	an 90 days after amendment file dat	(c)	
Note: If the dat document's effect	e inserted in this bi tive date on the De	lock does not meet the a partment of State's recor	! pplicable statutory filing requireme ds. !	nts, this date will n	ot be listed as the
Adoption of Am	endment(s)	(CHECK ONE)			
The amendme action was no	mt(s) was/were ado t required,	pted by the incorporators	or board of directors without share	holder action and sh	archolder
☐ The amendme by the sharch	ent(s) was/were ado olders was/were su	pted by the shareholders. fficient for approval.	The number of votes east for the a	mendment(s)	
☐ The amendme must be sepa	ent(s) was/were app rately provided for	roved by the shareholders each voting group entitle	through voting groups. The follow d to vote separately on the amendm.	ring statement ent(s):	
"The nu	mber of votes cast	for the amendment(s) was	/were sufficient for approval		
by			,,,		
		(voting group)			
	Dated 9/8/	22			
	Signature		Tours		
	(By/a)dii	regior, president or other	officer - if directors or officers have	not been	
	selected appoint	k by an incorporator (- if it is discorporator (-) if it is discorporator (-) if it is a finite of the control	in the hands of proceiver, trustee, or	other court	
		GARY C. MONTGOME	1		
	- - •	(Typed or prin	(ed name of person signing)		
		DIRECTOR			
	-	(Title of perso	n signing)		