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SECRETARY OF STATE STATE OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	ORPORA	TION: Crew Link Inc		
		R: P22000013184		
		Amendment and fee are su	bmitted for filing.	
Please return al	ll correspo	ndence concerning this ma	tter to the following:	
	Ве	njamin Harrison		
		·····	Name of Contact Person	1
	Cr	ew Link Inc		
		-	Firm/ Company	
	16	0 E Faith Ter		
			Address	
	Ma	itland, FL 32751		
			City/ State and Zip Code	2
	ber	n@flycrewlink.com		
			sed for future annual report	notification)
For further info Benjamin Harr		oncerning this matter, pleas		749-3872
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a cl	heck for th	e following amount made	payable to the Florida Depa	
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to Articles of Incorporation of

(Name)	of Corporation as curren	tly filed with the Florida Dept. of State)
P22000013184		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
		The new
	Corp, " "Inc, " or "Co",	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address,	if annlicable:	160 E Faith Ter, Maitland FL 32751
(Principal office address MUST BE A S		
		
C. Enter new mailing address, if appli	icable:	160 E Faith Ter, Maitland FL 32751
(Mailing address MAY BE A POST)		160 E Faith Ter, Maittand FE 32751
If amending the registered agent an new registered agent and/or the nev		
-	Benjamin Harrison	<u></u>
Name of New Registered Agent		
	160 E Faith Ter	
	•	treet address)
New Registered Office Address:	Maitland	Florida 32/51
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	ıt:
		with and accept the obligations of the position.
\leftarrow	V1	
~~~	Signature of New	Registered Agent, if changing

## Check if applicable

Crew Link Inc

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PTS	Benjamin S Harrison	160 E Faith Ter
Add			Maitland, FL 32751
Remove			
2) Change	VP	Griffin M Leighton	1886 Seclusion Dr
Add			Port Orange, FL 32128
X Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change (Be specific)	<u></u> _			
	• •				
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			•		
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				<u></u>	
				<u>-</u>	
an amendment provides for an exc	hange, reclassifica	tion, or cancellar	ion of issued sha	res.	
rovisions for implementing the amo	endment if not con	tained in the am	endment itself:		
(if not applicable, indicate N/A)					
				•	
		<del></del>			
	<del>.</del>	<del>-</del>			
					_

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	,	
	/21/22	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendments sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
8/21/22 Dated		
Signature	Silli	
(By selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other combinted fiduciary by that fiduciary)	rt
	Benjamin S Harrison	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	