

**P96000095395**  
LAWRENCE BUNIN, P.A.

140 C South University Drive  
Plantation, FL 33324

Telephone: (954) 473-1232  
Fax: (954) 473-1165

August 7, 1997

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32301

800002263540--8  
-08/11/97--01130--004  
\*\*\*\*\*70.00 \*\*\*\*\*  
35.00

Dear Sir/Madam:

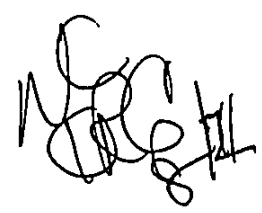
Please find enclosed a Statement of Change of Registered Office or Registered Agent and Articles of Amendment to Articles of Incorporation of Skydive Aircraft, Inc. along with my check in the amount of \$70.00 to file same. Kindly forward proof of filing in the return envelope enclosed.

Very truly yours,

  
LAWRENCE BUNIN

LB/il

97 AUG 11 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**SKYDIVE AIRCRAFT, INC.**

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendments(s) adopted: (indicate article number(s) being amended, added or deleted)

Article I is amended as follows:

The name of the corporation is: **PF AIRCRAFT, INC.**

The principal address of the business is: 476 North Williams Avenue  
Titusville, FL 32796

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows: NA

**THIRD:** The date of each amendment's adoption: July 1, 1997

**FOURTH:** Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 entitle to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were  
sufficient for approval by \_\_\_\_\_."  
voting group

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this first day of July 1997

Signature: \_\_\_\_\_

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

Pierre Frechette, Chairman  
Typed or printed name

P96000095395

Lawrence Bunin, P.A.

Requestor's Name

1405 S. University Dr

Address

Plantation, FL 33324

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

200002273302--4

-08/11/97--01130--004

\*\*\*\*\*70.00 \*\*\*\*\*35.00

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SP1

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

**Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.**

- 1a. The name of the corporation is: Skydive Aircraft, Inc.
- 1b. The mailing address of the corporation is: 476 North Williams Avenue,  
Titusville, FL 32796
- 1c. Date of incorporation: November 21, 1996 Document number: P96000095395

2. The name and address of the current registered agent and office:

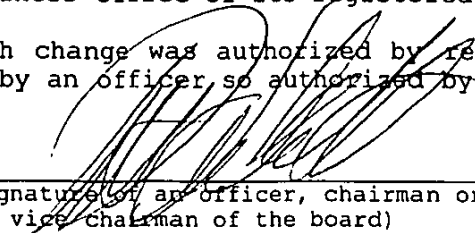
Pierre Frechette, 6748 NW 65th Terrace, Parkland, FL 32314

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Pierre Frechette, 476 North Williams Avenue, Titusville, FL 32796

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
\_\_\_\_\_  
(Signature of an officer, chairman or  
vice chairman of the board)

7/14/97  
\_\_\_\_\_  
(Date)

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TALLAHASSEE, FLORIDA

Pierre Frechette, Chairman  
\_\_\_\_\_  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

  
\_\_\_\_\_  
(Signature of Registered Agent)

7/14/97  
\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)