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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195

: (850)521-1000

Phone

Fax Number

: (850)558-1575

2956

COR AMND/RESTATE/CORRECT OR O/D RESIGN



PROFESSIONAL AIRCRAFT ACCESSORIES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

T Roberts JUN 11 2009

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09 JUN 11 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

| Professional A | Aircraft Accessories, Inc. | |
|--|--|--|
| (Name of Corporation as curre | ently filed with the Florida Der | ot. of State) |
| P | 97000006823 | |
| (Document Nun | aber of Corporation (if known) | |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 6, Florida Statutes, this <i>Florida</i> | Profu Corporation adopts the follo |
| A. If amending name, enter the new name o | f the corporation: | |
| Sheepdog | ; in Liquidation 8, Inc. | The new |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the mame must contain the word "chartered," "pro | designation "Corp," "Inc." or | "Co". A professional corporation |
| B. Enter new principal office address, if app | licable: | |
| (Principal office address MUST BE A STREE | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered agent. | registered office address in Flo | rida, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street addres | (8) |
| • | | , Florida(Zip Code) |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changi | ng Registered Agent: | |
| I hereby accept the appointment as registered a | gent. I am familiar with and ac | cept the obligations of the position. |
| | | |
| <u></u> | ignature of New Registered Age | nt, if changing |
| ₩ | -O and A | THE PROPERTY OF THE PROPERTY O |

| <u> </u> | Name | . •• | |
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| | | <u>Address</u> | Type of Action |
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| E. <u>tf amend</u> | ling or adding additional Art | ticles, enter change(s) berc: (Re specific) | |
| (arther ba | anional ancess, y necessary, | (50 5/101). | |
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| i. Itanam | condinent provides for an exc | change, reclassification, or cancella | tion of icenad charge |
| provisio | ns for implementing the amo | endment if not contained in the am | endment itself: |
| (if no | ot applicable, indicate N/A) | | |
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| The date of each amendment(s) | adoption: June 3, 2009 | | | |
|--|--|--|--|--|
| Effective date if applicable: | | | | |
| (no more than 90 days after amendment file date) | | | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | | | |
| | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | | | |
| "The number of votes cast | t for the amendment(s) was/were sufficient for approval | | | |
| by | 9h | | | |
| (νο | ting group) | | | |
| The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and shareholder | | | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder | | | |
| Dated June 3, 20 | 009 | | | |
| Signature | make S. Miller | | | |
| (Byra d | irector, president or other officer - if directors or officers have not been | | | |
| | d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) | | | |
| | Donald E. Miller | | | |
| _ | (Typed or printed name of person signing) | | | |
| | Secretary | | | |
| | (Title of person signing) | | | |