P9900062398

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C. CARROTHERS

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Gulf Coast	Air Care Inc	
DOCUMENT NUMB	_{ER:} P9900006239	98	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	Kathy St.Ores		
-		Name of Contact Person	1
	Gulf Coast Air Ca	are Inc	
-		Firm/ Company	
	1265 Holliday Dr		
-	· · · · · · · · · · · · · · · · · · ·	Address	
	Gulf Breeze, FL	32563	
-		City/ State and Zip Code	2
المصال	ovenint@mahai a		
Katr	nysaint@mchsi.co		
	E-mail address: (to be us	sed for future annual report	notification)
		11	
For further information	concerning this matter, pleas	se can:	
Kathy St.Ores	5	at (850	932-3064
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
	J		
S35 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)
Mail	ing Address	Stroot	Address
	ndment Section	Street Address Amendment Section	
Division of Corporations			n of Corporations
P.O. Box 6327			Building
Talla	hassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Gulf Coast Air	Care Inc
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P990006	2398
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Ala	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp.," "Inc," or "Corporation" or the abbreviation "Inc.," or the abbr	" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A sted
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	A STEAM OF THE STE
C. Enter new mailing address, if applicable:	N/A = = =
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	<u>// A</u>
(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 Registered A	gent, if changing

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Michael Brown	3110 Woods Way Apt 3
Add			Gulf Breeze, FL 32563
Remove			
2) Change			
Add			<u></u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add	4	-	
Remove			

If amending or adding additional Attach additional sheets, if necess	ary). (Be specific)	nge(s) nere:	
		/A	
		<i>N/H</i>	
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		***************************************	· · · · · · · · · · · · · · · · · · ·
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			· · · · · · · · · · · · · · · · · · ·
If an amendment provides for ar	a avahanga waalaasii	ication or concellation	on of igneed shares
provisions for implementing the (if not applicable, indicate N.	e amendment if not o	contained in the amer	adment itself:
Q,	,		
		1/14	
		/0//1	
			· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Pered 11/17/2014	
Signature Atta L. Can	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	π
Kathy L St. Ores	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	, , , , , , , , , , , , , , , , , , ,