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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Ambient Air Service	ces. Inc.	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Joseph Cooksey		
	· ·	Name of Contact Person	
	Ambient Air Services, Inc.		
		Firm/ Company	
	106 Ambient Airway		
		Address	
	Starke, FL 32091		
		City/ State and Zip Code	
	joecooksey@ambientairservi	ces.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Joseph Cooksey		at (6127980
Name	of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
\$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)
Am Div P.C	iling Address tendment Section vision of Corporations D. Box 6327 lahassee, FI. 32314	Amendi Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee H. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ambient Air Services, Inc.	<u></u>		
(Name of Corporation as curren	tly filed with the Florida De	pt. of State)	
S37683			
(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 amend	dment(s) t
A. <u>If amending name, enter the new name of the corporation:</u> Airplanes, Bikes, Cars and Coffee, Inc.		Tt.	
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	The in the abbreviation "Cor, name must contain the w	p., "
B. Enter new principal office address, if applicable:	106 Ambient Airway		
(Principal office address MUST BE A STREET ADDRESS)	Starke, FL 32091	202 SE	``
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	106 Ambient Airway	28	
(maning dualess <u>MITT DE TY COT OT TEST DOTS</u>	Starke, FL 32091	14 H	_ ;;
		· 23	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		ame of the	
Name of New Registered Agent	·		
(Florida :	street address)		
New Registered Office Address:	/V:	Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligation	ons of the position.	
Signature of New	Registered Agent, if changing	<u> </u>	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (1)			

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 = ChiefExecutive 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add	-	-	
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	<u>e or adding addition</u> tional sheets, if neces	ssary). (Be specifi	ic)			
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<u> </u>	·			<u> </u>		
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	-					
						
				· · · · · ·		
f an amenc	Iment provides for	an exchange, recla	ssification, or can	cellation of issue	d shares,	
provisions	for implementing t	the amendment if n	ot contained in th	e amendment its	elf:	
(if not e	applicable, indicate	N/A)				
			. .			
			<u> </u>	<u> </u>	_	
						
				. <u>.</u>		
_						
_						

The date of each amendment(s)	adoption:, if other than the
late this document was signed.	2012021
//. Effective date <u>if applicable</u> :	30/2021
arective date is appareasse.	(no more than 90 days after amendment file date)
Note: If the date inserted in this ocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
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):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
· _ .	(voting group)
	,
7/2	1/2 521
Dated 1 C	<u>.6 W. C. C.</u>
}	6/2021 Ly///
Signature	L H 1/1/
	director/ president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
арро	
	Joseph L Cooksey, Jr
	(Typed or printed name of person signing)
	President
	(Title of person signing)