## P0800031087

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R. WHITE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	ION: Blue Ru	n Bicycles, Inc.		
DOCUMENT NUMBER	:P0800003108	7		
The enclosed Articles of A	Imendment and fee are sub	omitted for filing.		
Please return all correspor	idence concerning this mat	ter to the following:		
	Gran	t Chance		
		Name of Contact Person	<u></u>	
	Blue Run Bicycles, Inc.			
		Firm/ Company		
	20312 E. Pennsylvania Avenue			
Address				
	Duni	nellon, FL 34432	2	
		City/ State and Zip Code		
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
Grant Chance	·	at ( <u>352</u>	) 465-7538	
Name of C	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to

FILED

	Articles of Incorporation	14 800 20	
Q1 2 Q112	Ric Nos To	14 NOV 20 AM	111:27
Dice Man	JICICIES LIV	ALL ALL SHOWS IN	HALE
(Name of Corporation as curr	ently filed with the Florida Dept. of S	tate)	-CHIDA:
· · · · · · · · · · · · · · · · · · ·		·*·	
(Document Nu	mber of Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following	3 amendment(s) to
A. If amending name, enter the new name o	of the corporation:		
			_The new
name must be distinguishable and contain is "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession		
B. Enter new principal office address, if ap-	plicable:		_
(Principal office address MUST BE A STREE	ET ADDRESS )		
	<del></del>		•
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			-
D. If amending the registered agent and/or	registered affice address in Florida e	nter the name of the	
new registered agent and/or the new reg		nter the name of the	
Name of Nav Parintaged Agent			
Name of New Registered Agent		<del></del>	
<del></del>	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	-
New Registered Agent's Signature, if chang	ing Registered Agent:		
I hereby accept the appointment as registered		ne obligations of the position.	
Signate	re of New Registered Agent if changing	<del></del>	

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.

<u>X</u> Change	<u>PT</u> <u>John</u>	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u></u>	Yolanda Chance	
Add			
X Remove			
2) X Change	P	Grant Chance	20312 E Pennsylvania Ave
Add			Dunnellon, FL 34432
Remove			
3) Change	_I	Sylvia Lacey	PO Box 25
X Add			Holder, FL 34445
Remove			
4) Change			
Add			
Remove			
5) Change			
LAdd			
Remove			
6) Change			
Add		·	
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
()	
. <del> </del>	

The date of each amendment(s) ad date this document was signed.	option:	, if other man the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	- <del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
he amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated Novem	ber 17, 2014	١
Signature	La Cha	<del></del>
selecte	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)	
	Grant Chance	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	