## P09000085622

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	CRYSTAL BLUE	SERVICES, C	ORP.	
DOCUMENT NUMBER: P09	000085622			
The enclosed Articles of Amend	lment and fee are su	abmitted for fili	ıg.	
Please return all correspondence	concerning this ma	tter to the follo	wing:	
ANDRE	A FERREIRA			
		Name of Co	ntact Person	n
ASSURE	D ACCOUNTING	AND TAX SEI	RVICES	
		Firm/ C	ompany	
3350 NW	22nd Ter Ste B-20	0	. ,	
		Ado	lress	
POMPA?	NO BEACH, FL 330	069		
		City/ State a	nd Zip Cod	e
VALMIRSCHI	LING@HOTMAIL	СОМ		
E-m	ail address: (to be us	sed for future ar	inual report	notification)
For further information concern	ng this matter, pleas	se call:		
Andrea Ferreira		at (	954	793-0353
Name of Contact	(.		de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made	payable to the F	lorida Depa	irtment of State:
	3.75 Filing Fee & rtificate of Status	S43.75 Fili Certified C (Additional enclosed)	ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

to

CRYSTAL BLUE SERVICES, CORP.

CRISTAL BEOL SERVICES, CORI.						
(Name	of Corporation as curren	itly filed with the Florida Dept. of State	≧)			
P09000085622						
	(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the	following am	endment(s)		
A. If amending name, enter the new na	ame of the corporation:					
HIGHPOINT IMPORT & EXPORT, CO			The	e new		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp," "Inc," or	"Co". A professional corporation num	or the abbrev	viation		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9850 SANDALFOOT BLVD # 455				
		BOCA RATON, FL 33428				
			ان از از ان			
		312 NW 49TH ST.	SETAN.	F11_		
		POMPANO BEACH, FL 33064	اران المراد ا	黑巴		
			70			
D. If amending the registered agent an new registered agent and/or the ne	w registered office addre	ess:	, mg 1994	. 2		
Name of New Registered Agent	VALMIR S. DE SOUZA					
	9850 SANDALFOOT B	LVD # 455				
	(Florida :	street address)				
New Registered Office Address:	BOCA RATON	, Florida	33428			
		(City)	(Zip Code)	)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist			osition.			
		Maluni Lungas				
	Signature of New	Registered Agent, 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 = Treusurer; 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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Si	<u>mith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) X Change	PD		VALMIR S. DE SOUZA	312 NW 49TH ST.	
Add				POMPANO BEACH, FL 33064	<b>.</b>
Remove					
2) X Change	VP	_	THIAGO S. SOUZA	312 NW 49TH ST.	
Add				POMPANO BEACH, FL 33064	1
Remove					
3) Change		•			
Add					
Remove					
4) Change		_	A southern the second s		
Add				-	
Remove					
5) Change					
Add					
Remove					
6) Change					
Add		_			
Remove					

Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
<u></u>	
	to the state of th
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendmen		, if other than the
date this document was signed	ı. - 01/19/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	1.00
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ment
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	0/2016	
DatedSignature _	Mi Celing Laugue	
(I s	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	VALMIR S. DE SOUZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	