P21000096677

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FILED STATE SECRETARY OF STATE

COVER LETTER A

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: OCEAN BLUE DI	RYWALL CONTRACTOR	AS INC
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	LOUIS A VILLE		
		Name of Contact Person	1
	OCEAN BLUE DRYWALL	CONTRACTORS INC	
		Firm/ Company	
	7920 SW Jack James Drive	•	
		Address	···
	Stuart, FL 34997		
		City/ State and Zip Code	<u> </u>
	OceanBlueDrywall@gmail.c		
		sed for future annual report	notification)
For further information	concerning this matter, plea	•	,
LOUIS A VILLE		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ision of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OCEAN BLUE DRYWALL CONTRACTORS INC

P21000096677	e of Corporation as currently	y filed with the Florida Dept. of State)
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 60 ts Articles of Incorporation:	7.1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new	лаme of the corporation:	
ame must be distinguishable and conta Inc.," or Co.," or the designation chartered," "professional association		ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address Principal office address MUST BE A	L if applicable:	H/A
Enter new mailing address, if app (Mailing address <u>MAY BE A POST</u>	licable: OFFICE BOX)	NA
. If amending the registered agent a new registered agent and/or the ne	nd/or registered office addre	ss in Florida, enter the name of the
Name of New Registered Agent	LOUIS A VILLE	
	7920 SW Jack James Drive	
	(Florida stree	t address)
	Shine	
New Registered Office Address:	Stuart	Florida 34997

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X_Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add		——————————————————————————————————————	
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		·	
Remove			
6) Change			
Add		·	
Remove			

- N 1	ng or adding additional Articles ditional sheets, if necessary). (B	e specific)
N	_	
		
		
		
		
		
	ment provides for an exchange,	reclassification, or cancellation of issued shares,
ал amen		
an amen	for implementing the amendme	nt if not contained in the amendment itself:
an amen covisions (if not	for implementing the amendment applicable, indicate N/A)	recrussification, or cancellation of issued shares, not if not contained in the amendment itself:
(if not	applicable, indicate N/A)	nt if not contained in the amendment itself:
an ameno rovisions (if not	applicable, indicate N/A)	nt if not contained in the amendment itself:
(if not	applicable, indicate N/A)	nt if not contained in the amendment itself:
(if not	applicable, indicate N/A)	nt if not contained in the amendment itself:
(if not	applicable, indicate N/A)	nt if not contained in the amendment itself:
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(if not	applicable, indicate N/A)	nt if not contained in the amendment itself:
(if not	applicable, indicate N/A)	nt if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	, if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ck does not most the small. It was a
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	ed by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appr must be separately provided for e	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	
	(voting group)
Dated Signature (By a dire	tor, president or other officer – if directors or officers have not been
sciccion,	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	UIS A VILLE
_	(Typed or printed name of person signing)
Pr	sident
	(Title of person signing)