F110000000113

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		





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Amend Affidavil to Chs 0/D

FEB 27 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Blue Box Holdings, Inc. Name of Corporation
DOCUMENT NUMBER: F1700000 713
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisette M. Blanco Name of Contact Person
law Offices of Lisette M. Blanco, P.A.
7950 NW 155 Street #101 Address
Mianu lakes F/33016 City/State and Zip Cotte
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Lise Hr Blanco at (86) 655,073 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for the following amount:
\$35.00 Filing Fee \$\ \text{Certificate of Status} \] \$43.75 Filing Fee & \text{Certified Copy} (Additional copy is enclosed)} \$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 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it app	ears on the records of the Florida Department of State is:
2. This entity was authorized to transact busines number is <u>F1700000</u>	
3. This corporation was formed under the laws of	of Delaware
4. The name and address of each officer and/or	director is as follows:
Title:	Name and Address Convado Lopez 3493 NW 68 # Street Miani, F1 33147
	2017 FEE 23 PH
(Attach additiona	al pages if necessary)
Signature of an officer or director	Title of person signing
Typed or printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations•PO Box 6327•Tallahassec, FL 32314

CR2E127 (8/08)