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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: KEEVE IF BLUES /NO				
DOCUMENT NUMBER: <u>N14000004682</u>				
he enclosed Articles of Amendment and fee are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
BONNIE STAPLES Name of Contact Person	_			
Name of Contact Person				
KREWE OF BILLES INC				
Firm/ Company				
6398 MERS LANE				
Address				
PENSACOLA FL. 32526 City/ State and Zip Code	_			
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
or further information concerning this matter, please call:				
Name of Contact Person Area Code & Daytime Telephone Numb	•			
Name of Contact Person Area Code & Daytime Telephone Numb	er			
nclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incor	poration		
XREWE OF BULES 1	1.10		
(Name of Corporation as currently t		t. of State)	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ned with the thorna toep	<u></u> /	
1140000 4682 (Document Number of C	'ornoration (if known)		
(150cument Number of C	orporation (11 known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation a	dopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
N/A			The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	 A professional corpor 	orated" or the a ation name must	_ bbreviation
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) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the nam	me of the	
Name of New Registered Agent	N/A		_
(Florida street	address)	-	-
New Registered Office Address:		, Florida	
	ity)	(Zip)	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	h and accept the obligation	ns of the position,	
		. 2017 A SECT TALLA	Ť
Signature of New Reg	istered Agent, if changing	AUG ILL P D: AHASSEE, FLOR	

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.

Mike Jones, v as Kemo	ve, ana sauy smui	i, Sv as an Aaa.	
Example: X Change	PT John I	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<u>VPI</u>	JEHNIFER FREY	392 FT PLOYENS RO
Add			PENSACCIA BEACH, FL
Remove			32561
2) X Change	<u>C</u> _	JAN HRUSKA	1063 SANIBEL LN
Add			GULF BRECKE, FL
Remove			32562
3) X Change	1	MARX HOEFT	222 WE15 LN
Add			PENSACOLA, FL
Remove			32507
4) Khange	P	DUANE WATSON	5261 JOANNA PL
Add			PACE, FL
Remove			32571
5) Change	VP2	While SMALL	3190 BELLE CHRISTIANE DR.
Ađd			PENSACOLA FL
Remove			32503
5) Change	<u>C</u> _	JOHN CARRUTH	1727 FULLER DR.
Add			GILLE BRECZE FL
X Remove			32563

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.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>VP2</u>	EDWARD POSEY	4530 LAUALIET LN PENSACOLA, FL 32503
2) Change Add Remove	VP3	WHIT WISE	397 OREARG ST PENSACULA, FL 32507
3) Change Add Remove		,	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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

The date of each amendment(s) adoption: date this document was signed.	July 1	, 2017	, if other than the
Effective date if applicable:	TULY 1, 2	2017 her amendment file date)	
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable stat		, this date will not be listed as the
·	CK ONE)		
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr		of votes east for the amen	idment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro			
"The number of votes cast for the amendn	nent(s) was/were sufficie	nt for approval	
by <u>HREWE of Billie</u> (voting	ES INC ME	MACRISHAP	
☐ The amendment(s) was/were adopted by the boa action was not required.			areholder
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators without share	holder action and shareho	older
Dated Tuly 10,	2017		
	1 Shiff		
		rectors or officers have no	
selected, by an incorpe appointed fiduciary by		f a receiver, trustee, or oth	ner court
17741	RX A. Ike	FT	
(Ту	ped or printed name of p	person signing)	
	- EASURER		
	(Title of person	sionine)	