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SEP 25 2018

S. YOUNG

COVER LETTER

TQ: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahasser, FL 32314

FLORIDA BLUE RIB			
N18000008730 DOCUMENT NUMBER:		- · · 	
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
MARILYN J. PREVOIR			
	Name of Contact Pe	rson)	
	(Firm/ Company)	••
1021 SW 37TH TERRACE			
	(Address)	<u></u>	
CAPE CORAL, FLORIDA 33914			
!	(City/ State and Zip (Code)	
MARIE@MARIEESQUIRE.COM			
E-mail address: (to be used	for future annual rep	ort notification	n)
For further information concerning this matter, please of	cail:		
MARIE B. CODE, ESQ.	at		829-0063
(Name of Contact Person))	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida l	Department of	State:
■ \$35 Filing Fee	□\$ 43.75 Filing Fee	& 🗆 \$52. Certi is Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations	Aı	reet Address mendment Sec ivision of Corp	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA BLUE RIBBONS INC		
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
N18000008730		
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ntes, this Florida Not For Profit Corporation ado	ots the following
A. if amending name, enter the new name of the corpora	ation:	
NOT APPLICABLE		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not he used in the name. B. Enter new principal office address, if applicable:	NOT APPLICABLE	orp," or "Inc."
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE	18 SEP 24 PH SECULIARISSEE, F
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the	H 3:5 FLORID
	APPLICABLE	⇒, œ
New Paristanal Office Address:	(Florida street address)	
New Registered Office Address:		
	(City), Florida (Zip Ci	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent:	
· · ·	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 = 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 1)oc e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	S	JOYCE A. DELISLE	5325 SW 9TH PLACE
X Add			CAPE CORAL, FL 33914
Remove			
2) Change	i	SCOTT A. CROSS	1021 SW 37TH TERRACE
X Add			CAPE CORAL, FL 33914
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icies, enter change(s) nere:
(attach additional sheets, if necessary).	(Be specific)
NOT ARRESOARS	
NOT APPLICABLE	
	<u></u>
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	<u> </u>
	-

i he	date of each amen	dment(s) adoption:	, if other than the
date	this document was	signed.	
Effe	ctive date <u>if applic</u>	able:	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	ot be listed as the
Ádo	prion of Amendmo	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no memi adopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	SEPTEMBER 17, 2018	
	Signature	Marilyn Provoir	
		(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		MARILYN PREVOIR	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	