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(((H09000143109 3)))



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ro:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HARRISON, SALE, MCCLOY & THOMPSON

Account Number : 076630000526

Phone : (850)769-3434

Fax Number

: (850)769-6121

QRSAMND/RESTATE/CORRECT OR O/D RESIGN

SOMETHING BLUE INC.

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2...



June 15, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

SOMETHING BLUE INC. 2335-B STATE AVE. PANAMA CITY, FL 32405

SUBJECT: SOMETHING BLUE INC.

REF: P00000111830

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Flease correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calī (850) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H09000143109 Letter Number: 509A00020173 JUN-15-2009 16:03

FROM-HARRISON, SALE, McCLOY & THOMPSON

+7696121

T-653 P 003/006 F-648

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Something Blue Inc.		
DOCUMENT N	UMBER:P00000111830			
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.		
Please return all c	orrespondence concerning th	is matter to the following:		
		ranklin R. Harrison		
)	Name of Contact Person		
	<u> Harrison, Sale, N</u>	AcCloy, Duncan & Jackson, Chtd.		
		Firm/ Company		
	Pos	t Office Drawer 1579		
		Address		
	_			
		ma City, Florida 32402 ity/ State and Zip Code		
	•	Ny Sale ala 219 code		
	E-mail address: (to be use	d for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
		at (850) 769-3434		
Name	e of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount n	nade payable to the Florida Department of State:		
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
P.O. Box 6	nt Section F Corporations 327	Street Address Amendment Section Division of Corporations Clifton Bullding		
Tallahassee, FL 32314		2661 Executive Center Circle		

JUN-15-2009 16:03

FROM-HARRISON, SALE, McCLOY & THOMPSON

+7696121

T-653 P.004/006 F-648 H09000143109 3

Articles of Amendment

to Articles of Incorporation

	of		33.4
Someth	hing Blue Inc.	43 65	SECRET
(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)	AST O
P000	000111830	-	333
(Document Num	ber of Corporation (if kno	wn)	TS
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Curporatiun	adopts ()
A. If amending name, enter the new name of	the corporation:		فتناسي
name must be distinguishable and contain to abbreviation "Carp.," "Inc.," or Co.," or the name must contain the word "chartered," "propage Enter new principal office address, if apple	designation "Corp," "Inc fessional association," or	"," or "Co". A profession	nal corporation
Principal office address MUST BE A STREE			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC			
D. If amending the registered agent and/or renew registered agent and/or the new regis		n Florida, enter the name	of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	address)	
-		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changin	g Registered Agent:		
hereby accept the appointment as registered as	zent. I am familiar with a	nd accept the obligations (of the position.
<u> </u>	ionature of New Puristanea	dans Kahanalan	

Page 1 of 3

-15-2009 16			T-653 P.005/006
		er the title and name of each officer/o	
	nd title, name, and address of each t ditional sheets, if necessary)	Officer and/or Director being added:	
(22500) 6 000	, y,		
Title	<u>Name</u>	Address	Type of Action
D/P/T	Frances O. McKinney	3150 State Avenue	🗖 Add
		Panama City, Florida 32405	☑ Remove
			
D/P/T	Angela L. Spear	2335-B State Avenue	_ 🖸 Add
		Panama City_Florida 32405	_
			_
F Hone	mandmant provider for an exchange	reclassification, or cancellation of i	conad shoper
provisi	ions for implementing the amendmen	nt if not coutained in the amendment	itself:
(if r	not applicable, indicate N/A)		
			
			_ _
			
			

F-648

N-15-2009 16:03 FROM-HARRISON, SALE, McCLOY & THOMPSON	T-653	P.006/006	F-648
The date of each amendment(s) adoption:			•
Effective date if applicable: (no more than 90 days after amendment file date)			
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the an	n end ment(s)	
The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	The follow amendme	ing statemen nt(s):	ı t
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val		
by			
The amendment(s) was/were adopted by the board of directors without shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder actions.			
action was not required.			
Signature Andr J. Solder			
(By a director, president or other officer—if directors or off selected, by an incorporator—if in the hands of a receiver, to appointed fiduciary by that fiduciary)			
Linda P. Golden (Typed or printed name of person signing)			
Vice President			
፤ ፤ ፤፤፤ል ለ፤ ከልያናል ያለው የነው ነው ነ			