P0400090578

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| . (Ad | ldress) | |
| (Ac | ldress) | |
| (Cir | ty/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Naı | me) |
| (Do | ocument Number) |) |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDI

Amund

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORI | PORATION: | BLUE SKY TOWER, IN | <u>C.</u> | |
|--|--|--|---|--|
| DOCUMENT NU | MBER: | P04000090578 | | |
| The enclosed Artic | cles of Amendment and fee a | re submitted for filing. | | |
| Please return all co | orrespondence concerning thi | s matter to the following: | | |
| | | SHIRLEY WOOD | <u>.</u> | |
| | N | lame of Contact Person | | |
| | BLUI | E SKY TOWER, INC. | | |
| | | Firm/ Company | | |
| | 8 | 8126 UZITA DRIVE Address | | |
| | | Addiess | | |
| | | RASOTA, FL 34240 http://State and Zip Code | | |
| | SHIRLEY.WOOD@ | BLUESKYTOWERING.COM | | |
| | E-mail address: (to be use | d for future annual report notification) | | |
| For further information | ation concerning this matter, | please call: | | |
| | HIRLEY WOOD of Contact Person | at (813 -) - 39 Area Code & Daytime Tele | 93-7361 ephone Number | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Depart | tment of State: | |
| □ \$35 Filing Fee | \$43.75 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) | |
| Mailing Address Amendment Section | | Street Address Amendment Section | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations Clifton Building | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BLUE SKY TOWER, INC.

| (Hame of Corporation as C | urrentiy inea with the Fiorias | i Dept. of State) |
|---|---------------------------------|--|
| F | 204000090578 | • |
| (Document | Number of Corporation (if know | wn) |
| rrsuant to the provisions of section 607, nendment(s) to its Articles of Incorporation | | orida Profit Corporation adopts the fol |
| . If amending name, enter the new nan | ne of the corporation: | |
| | | The new |
| ame must be distinguishable and conto obreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," | r the designation "Corp," "Inc, | " or "Co". A professional corporation |
| Enter new principal office address, if rincipal office address <u>MUST BE A STI</u> | | |
| | | |
| Enter new mailing address, if application (Mailing address MAY BE A POST Of | | |
| | | <u> </u> |
| | | |
| If amending the registered agent and new registered agent and/or the new | | Florida, enter the name of the |
| • | | |
| Name of New Registered Agent: | | |
| Now Province of Office Address: | 4849 BACCUS AVEN | |
| New Registered Office Address: | , | auress) |
| | SARASOTA | , Florida_34233 |
| | (City) | (Zip Code) |
| w Registered Agent's Signature, if cha | | |
| ereby accept the appointment as register | red agent. I am familiar with a | nd accept the obligations of the position. |
| | | |
| | 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)

| (Attach | additional | sheets, | ij | necessary, |
|---------|------------|---------|----|------------|
| | | | | |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--|--|----------------|
| SEC | JASON WILLIAM SMITH | 7093 CHATUM LIGHT RUN BRADENTON, FL 34212 | |
| | | | |
| | | | |
| | dditional sheets, if necessary). (Be spo | | |
| | | | |
| | | | |
| provisi | mendment provides for an exchange, ions for implementing the amendment not applicable, indicate N/A) | | |
| MIKE WO | OOD TRANSFERRING 100 SHAF | RES FROM CERTIFICATE 1 T | 0 |
| SHIRLEY | WOOD 6/8/10 | | |
| | | | |
| | | | |
| | | | |
| · | | | |
| | | | |

| The date of each gmendment | (s) adoption: 6/8/10 |
|---|--|
| Effective date if applicable: | (date of adoption is required) |
| Effective date in applicable. | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval |
| by | " |
| | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated 6/8/ | 10 |
| Signature | Shuley Wood |
| ` • | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | ointed fiduciary by that fiduciary) |
| | SHIRLEY WOOD |
| | (Typed or printed name of person signing) |
| | VICE PRESIDENT |
| | (Title of person signing) |