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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BLUE WATER FINANCE AND INSURANCE, INC.

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10/52/5015 15:43

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Blue Water Finance and Insurance, Inc. P04000136801 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm! Company Address City/ State and Zip Code karen.bartlett@brunswick.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

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Division of Corporations
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Articles of Amendment to Articles of Incorporation of

Blue Water Finance and Insurance, inc.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P04000136801	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Fiorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Blue Water Finance, Inc.	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	I N. Field Court
(Principal office address MUST BE A STREET ADDRESS)	Lake Forest, IL 60045
C. Enter new malling address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	1 N. Field Court
(maining man on the control of the c	Lake Farest, 1L 60045
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida si	reet uddrass)
New Registered Office Address:	, Florida
(Cip)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am famillar	
Signature of New Registered	Agens, if changing

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FILED

12 OCT 25 PM 4: 42

SECRETARY OF STATE

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 officeridirector 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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	SY	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Troy A. Tideman	616 SE Dixie Highway
Add			Stuart, FL 34994
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remuye			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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	ry). (Be specific)			
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P a _ a a a a a a a a a	auchausa uaalaasiffa			
f an amendment provides for an	exchange, reclassific	anon, or cancenand otsined in the amer	dment itself:	
f an amendment provides for an provisions for implementing the (if not applicable, indicate No.	amendment if not co	ation, or cancellation of the amer	dment itself:	
provisions for implementing the	amendment if not co	ation, or cancellation of the amer	dment itself;	
provisions for implementing the	amendment if not co	ation, or cancellation	dment itself:	···
provisions for implementing the	amendment if not co	ation, or cancellation	dment itself:	-10 ₋₁
provisions for implementing the	amendment if not co	ation, or cancellation	dment itself:	
provisions for implementing the	amendment if not co	ation, or cancellati	dment itself:	
provisions for implementing the	amendment if not co	ation, or cancellati	dment itself:	
provisions for implementing the	amendment if not co	ation, or cancellati	dment itself:	
provisions for implementing the	amendment if not co	anon, or cancellati	dment itself:	
provisions for implementing the	amendment if not co	apou, or cancellati	dment itself:	
provisions for implementing the	amendment if not co	ation, or cancellati	dment itself:	
provisions for implementing the	amendment if not co	ation, or cancellation trained in the amer	dment itself:	

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The date of each amendment(s	10/24/2012
	10/24/2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	59
7	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated	.012 ,
Signature	murana Thuiston
(By sela	a director, president or other officer - iEdifectors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other count cointed fiduciary by that fiduciary)
	Marsha T. Vaughn
	(Typed or printed name of person signing)
	Assistant Secretary
	(Title of person signing)

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