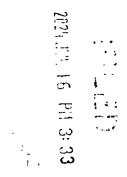
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ION: BLUE SKY TIME	BER-LAND CO.			
DOCUMENT NUMBER:					
The enclosed Articles of Ar	mendment and fee are st	abmitted for filing.			
Please return all correspond	lence concerning this ma	utter to the following:			
CHR	US A. BULLARD				
		Name of Contact Perso	on		
	<u>- " " " " " " " " " " " " " " " " " " "</u>	Firm/ Company			
PO I	BOX 1733				
LAK	E CITY, FL 32056	Address	 		
		City/ State and Zip Coo	le		
AUE	PREYSBULLARD@AC	L.COM			
 	E-mail address: (to be us	sed for future annual repor	t notification)		
For further information con-	cerning this matter, pleas	se call:			
CHRIS A. BULLARD		386	755-4050		
Name of Cor	ntact Person		ode & Daytime Telephone Number		
Enclosed is a check for the (following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee E	□S43.75 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)		
Division o P.O. Box (nt Section of Corporations	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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BLUE SKY TIMBER-LAND CO.			وا چ همي ن موه و ا
(Name	of Corporation as currentl	v filed with the Florida	Dept. of State)
P05000069392		7	1024 JUL 16 PH 3: 33
	(Document Number of	f Corporation (if known))
tursuant to the provisions of section 607 s Articles of Incorporation:	7,1006, Florida Statutes, this A	Florida Profit Corporati	ion adopts the following amendment
. If amending name, enter the new n	name of the corporation:		
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,	Corp. "Inc." or "Co". A		
. Enter new principal office address,	, if applicable:		
Principal office address <u>MUST BE A S</u>	STREET ADDRESS)		
. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Studing dudress MAT BE A TOST	OFFICE BOX		
			
. If amending the registered agent ar	<u>ad/or registered office addr</u>	ess in Florida, enter th	e name of the
new registered agent and/or the new			
Name of New Registered Agent	CHRIS A. BULLARD		
	1910 SW SR 47		
	(Florida stre	ret address)	
New Registered Office Address;	LAKE CITY		32025 Florida
	((City)	(Zip Code)
		•	•
ew Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agent: vered agent. I am familiar w	ith and accept the obliga	ations of the position
and the second s	trea agent. Tam, jaminar vi	I i	mons of the fashion.
	L.	Bullan 1	1
	Signature of New Re	gistered Agent, if changi	ing
-	Signature of New Reg	gistered Agent, if changi	ing

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	DPST	BULLARD, AUDREY S.	PO BOX 1733
Add			LAKE CITY, FL 32056
X Remove			
2) Change	VD	Elizabeth Bullard McArdle	1910 SW SR 47
X Add			LAKE CITY, FL 32025
Remove 3) X Change	PSTD	CHRIS A. BULLARD	1910 SW SR 47
Add			LAKE CITY, FL 32025
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessa	Articles, enter change(s) here: ary). (Be specific)
'A	
<u>.</u>	
	
	·
If an amendment provides for an o	exchange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A	amendment if not contained in the amendment itself:
	17
A	

The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	JA Bullan
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	CHRIS A. BULLARD
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)