# P05000104191

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BLUEBAY (USA) INC 05000/04191 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 3170 CITRUS TOWER BLUD, SUITE A City/ State and Zip Code SEjames for land e graul com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: t Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section **Amendment Section Division of Corporations Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

### **Articles of Amendment**

to

### **Articles of Incorporation**

·	of		
Name of Corporation as currently	44 (USA)	) NC	是一个
	_		
	0104191		50 m
(Document Number	r of Corporation (if kn	own)	SER E
Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation:		Florida Profit Corporation	adopts the following
A. If amending name, enter the new name of the	<u>e corporation:</u>		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered," "profess	signation "Corp," "In	ac." or "Co". A professio	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	DDRESS) SC	170 CITRUS I SITE A ERMONT	Tower BLUO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	SUC	34711 CITRUS TOWN TEA	
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address		
Name of New Registered Agent:			
New Registered Office Address: (Florida street ad		address)	
	,	, Florida_	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R			
I hereby accept the appointment as registered agen	t. I am familiar with	and accept the obligations	of the position.
Signo	ature of New Registere	ed 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>.</u>	TINA PEARCE	CLERMONT FL 34	✓ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific		
	······································		
provisions	ndment provides for an exchange, reclasion for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) adoption:	11/09
(date of a	ndoption is required)
Effective date if applicable: 1/1/05 (no more than 90 days after	amendment file date)
Adoption of Amendment(s) (CHECK ONE	)
The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entit	
"The number of votes cast for the amendment(s) wa	as/were sufficient for approval
by	,"
(voting group)	
The amendment(s) was/were adopted by the board of disaction was not required.  The amendment(s) was/were adopted by the incorporate action was not required.	
Dated     1   1   0   5	
	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
PAUL	MORTLOCK ed name of person signing)
(Typed or printed)	ed name of person signing)
P	RESIDENT
(Title of person sign	ning)