## P06000102896

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BLAIR LIMOUS	INE SERVICE, INC	
DOCUMENT NUMBER: PO6000106896		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this man	atter to the following:	
LEO A. FOX		
·	Name of Contact Persor	1
FOX & FOX, P.A.		
133 E. BOCA RATON ROA	Firm/ Company	
· ·	Address	
BOCA RATON, FL 33432		
	City/ State and Zip Code	e "" "
leo@!afoxlaw.com	·	
E-mail address: (to be us	sed for future annual report	notification)
	. 1	
For further information concerning this matter, pleas	se call:	
Leo A. Fox	at (	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	\$43.75 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  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Thomas yen.

## Articles of Amendment to Articles of Incorporation of

(Name of C	orporation as currentl	y filed with the Florida Dept. of State)	<u></u>
PO6000106896		<del>复</del> 的	
	(Document Number of	f Corporation (if known)	<u> </u>
		•	دی رست . پیداندر
Pursuant to the provisions of section 607.100	6, Florida Statutes, this	Florida Profit Corporation adopts the follow	ing amendme
its Articles of Incorporation:			뮒
A. If amending name, enter the new name	of the corporation:		ĞH
			1.> TV
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n "Corp," "Inc," or "	Co". A professional corporation name mus	
B. Enter new principal office address, if a	onlicable:	4401 North Federal Highway	
(Principal office address <u>MUST BE A STRI</u>		Suite 202	
		Boca Raton, FL 33431	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4401 North Federal Highway	
		Suite 202	
		Boca Raton, FL 33431	
D. If amending the registered agent and/o new registered agent and/or the new re			
Name of New Registered Agent			
44	01 North Federal Highv	vay, Suite 202	<del>_</del>
	(Florida str	reet address)	
New Registered Office Address:	ca Raton	33431 , Florida	

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 nécessary)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	GARY W. BLAIR	1730 S. FEDERAL HWY
Add			STE. 257
X Remove			DELRAY BEACH, FL 33483
2) Change	P	JAMES C. LANDON	4401 NORTH FEDERAL HWY
X Add			SUITE 202
Remove			BOCA RATON, FL 33431
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · <del>- ·</del>	
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

SEPTEMBER 6, 2015	
	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
JAMES C. LANDON	
(Typed or printed name of person signing)	- Var a sa
PRESIDENT	
(Title of person signing)	