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SECRETARY OF STATE OIVISION OF CORPORATIONS

OCT 0 8 2012 T. ROBERTS

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SIID FECT. P. OC 2 DECICAL INC
SUBJECT: BLOC 3 DESIGN, INC. (Name of Corporation)
DOCUMENT NUMBER: P 09 0000 9 4 0 2 9
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
CHRISTOPHER SABLE (Name of Person)
BLOC 3 DESIGN INC (Name of Firm/Company)
6555 N. POWERLINE RD #209 (Address)
F1. LAUDEZ DALE FL 33309 (City/State and Zip Code)
For further information concerning this matter, please call:
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

12 OCT -4 AM
12 OCT -4 AM 9: 55
AM 9: 55

A	articles of Incorporation of	OCT -4 ORATIO
		OCT -4 AM 9:55
BLOC 3 DESI (Name of Corporation as currently file	ed with the Florida Dept. of State)	
<i>P 09 0000 9</i> (Document Number of Countries	<del>_</del> , <del>_</del>	· · · · · · · · · · · · · · · · · · ·
rsuant to the provisions of section 607.1006, Florida Articles of Incorporation:	Statutes, this Florida Profit Corporat	tion adopts the following amendmen
If amending name, enter the new name of the con	poration: NJA	The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the a	" "Inc," or "Co". A professional co	scorporated" or the abbreviation
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDI	RESS)	JA
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	U)A
. If amending the registered agent and/or registere new registered agent and/or the new registered o	d office address in Florida, enter th	e name of the
Name of New Registered Agent	NJA	
	(Florida street address)	
New Registered Office Address:	, FI	orida (Zip Code)
	()	(mt arms)
New Registered Agent's Signature, if changing Regis		

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)

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sal</u>	l <u>y Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	PD	DAVID WILDE	6851 KINGSTON DRIVE LANTANA EL 33462
2) _X Change Add Remove	<u>5 D</u>	CHRISTOPHER SABLE	915 RIVERSIDE DR # 5/2 CORAL SPRINGS FL 33071
3) Change Add Remove	VD	RUBEN BLANCO	9285 SE KARIN ST. HOBE SOUND EL 33455
4) Change Add Remove	TD	VINCENT SARLE	524 ORTON AVE \$203 FT LAUDERDALE FL 33304
5) Change Add Remove			
6) Change Add Remove			

mending or adding additional A ach additional sheets, if necessar	ry). (Be specific)
	NIA
	<del></del>
visions for implementing the all (if not applicable, indicate N/A)	
NESTO CERCAS	3300 SHARES PECLASSIELE

The date of each amendment(s) add	option:	<u> </u>
Effective date <u>if applicable</u> :		
	(no more than 90 days a	fter amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number ficient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through voti each voting group entitled to vote sept	
"The number of votes cast for	or the amendment(s) was/were sufficient	ent for approval
by		
,	(voting group)	
action was not required.	oted by the board of directors without oted by the incorporators without share	
Dated 10	1-1-12	
Signature	Viucey Cable	
(By a dir	ector, president or other officer - if di	
	, by an incorporator – if in the hands of	of a receiver, trustee, or other court
appointe	d fiduciary by that fiduciary)	
	UNCENT SAR	LE
_	(Typed or printed name of	person signing)
	TREASURER	
_	(Title of person signing)	