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DECRETARY OF STATE

MAR 1 6 2016 C. CARROTHERS

ECOVER LETTER

TO: Amendment Section

Division of Corpor	ations		, , , , , , , , , , , , , , , , , , ,
NAME OF CORPORA	ATION: Great Fo	ills System =	Inc.
DOCUMENT NUMBI		0001226	,
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
<u></u>	Steeven	Chevalier	
		Name of Contact Person	n
		Firm/ Company	
	2516 G		
		Address	
_	Greenst	eleste Dr. Address	17407
		City/ State and Zip Cod	e
	Schevalier! E-mail address: (to be us	976@ao\. cc sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Steeven (hevalier	at (336	
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made j	payable to the Florida Depa	artment of State:
ጃ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Amen Divisi	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		lment Section on of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of

_ Great Falls System I	nc.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000001226	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
Blue Chain Corporation	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1840 SW 22 nd St. 5 8 8 Miami FL 33145 8 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 Centerview Dr. Sterti Greensboro NC 23903
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	reci address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t <u>:</u> with and accept the obligations of the position.
Signature of New 1	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 <math>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> <u>Mike</u>	Jones .	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	CEO	N. Blanchet	9126 NW 215t Ave
Add			Boca Roton FL 33428
Remove			
2) Change Add	P	Stearen Chavalier	2516 Celeste Dr. Greensboro NC 27407
Remove			
3) Change	_, 		,
Add	:		
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, adment if not contained	or cancellation of issued s d in the amendment itself:	nares,
,			
		,	
			•
· · · · · · · · · · · · · · · · · · ·			<u> </u>
		·	

date this document was signed.
Effective date if applicable: March 10, 2016
(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 not be listed as document's effective date on the Department of State's records.
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.
Signature (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)
N. Blanchet (Typed or printed name of person signing)
Chief Executive Officer (Title of person signing)

the