

P14 0000035592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

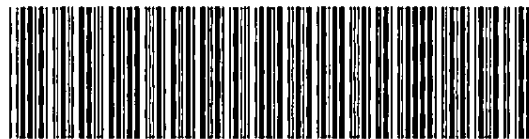
(Business Entity Name)

(Document Number)

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JAN 22 2021

S. YOUNG

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2020 DEC -7 PM 6:45

THE LAW OFFICE OF
PHILIP S. VOVA, P.A.

PRESIDENTIAL CIRCLE
4000 HOLLYWOOD BOULEVARD
SUITE 500 NORTH
HOLLYWOOD, FLORIDA 33021

TELEPHONE: (954) 966-1598
FACSIMILE: (954) 241-1005
EMAIL: PHIL@PSVOVA.COM
PLEADINGS@PSVOVA.COM

November 30, 2020

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Name Amendment – Farmer John's Quality Produce, Inc.

Dear Sir or Madame,

Enclosed are Cover Sheet and Articles of Amendment to the Articles of Incorporation of Farmer John's Quality Produce, Inc. changing the corporate name to Blue Horizon Opportunities, Inc. I have also provided a check for \$35.00 to cover the cost of the amendment.

Should any additional information be required, please contact the undersigned.

Very truly yours,

PHILIP S. VOVA, P.A.



Philip S. Vova

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Farmer Johns Quality Produce, Inc.

DOCUMENT NUMBER: P14000035592

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip S. Vova, Esq.
Name of Contact Person
Philip S. Vova, P.A.
Firm/ Company
4000 Hollywood Blvd., Suite 500 North
Address
Hollywood, FL 33021
City/ State and Zip Code
phil@psvova.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip S. Vova at (954) 966-1598
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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

Farmer Johns Quality Produce, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000035592

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Blue Horizon Opportunities, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida

(City)

(Zip Code)

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Remove _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

May 22, 2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 not be listed as the 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

November 30, 2020

Dated _____

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)

Philip S. Vova

(Typed or printed name of person signing)

Director/President

(Title of person signing)