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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: BLINDS ASAP I	NC	
DOCUMENT NUM	BER:		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	CHRIS LANDIS		
		Name of Contact Person	1
	BLINDS ASAP INC		
		Firm/ Company	
	5263 SIESTA DEL RIO DR	S	
		Address	
	JACKSONVILLE FL 32259		
		City/ State and Zip Cod	e
TEL	ENAWALLACEINC@GMAI	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:at (568-0256
Name	of Contact Person		de & Daytime Telephone Number
	or the following amount made	payable to the Florida Depa	artment of State:
• \$55 Fining 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)
	iling Address endment Section		Address
	rision of Corporations	Amendment Section Division of Corporations	
). Box 6327	Clifton Building	
Tal	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
		i allalia	1 L JEJU 1

Articles of Amendment to Articles of Incorporation of

BLINDS/INC	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P ₁₆₀ , 0813	
(Document Number	of Corporation (if known)
/ suant to the provisions of section 607.1006, Florida Statutes, this	is Florida Profit Corporation adopts the following amendment(s
Articles of Incorporation:	
If amending name, enter the new name of the corporation:	
	_
ne must be distinguishable and contain the word "corporat	tion" "company" or "incorporated" or the abbreviation
orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or	"Co". A professional corporation name must contain the
d "chartered," "professional association," or the abbreviation	ı "P.A."
Enter new principal office address, if applicable:	
ncipal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	,, (2)
	m S
If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	25 D C C C C C C C C C C C C C C C C C C
Name of New Registered Agent	
	street address)
(Florida s	
New Registered Office Address:	, Florida(City) (Zip Code)

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>	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	Address	
1) Change	VP	RON CRAVEN	5263 SIESTA DEL RIO DR S	
Add			JACKSONVILLE FL 32258	
Kemove				
2) Change	-,			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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)	Attach additional sheets, if necessary).	(Be specific)
f 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)		
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	(ij noi applicable, inalcale WA)	
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The date of each amendment(s) adoption:	lanuary 1, 2017, if other than the
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not m document's effective date on the Department of State	eet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHECH	(ONE)
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approx	cholders. The number of votes cast for the amendment(s) oval.
	reholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendme	nt(s) was/were sufficient for approval
by	,,
by(voting g	group)
☐ The amendment(s) was/were adopted by the boar action was not required.	d of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder action and shareholder
01/01/2017 Dated	L'hh-
	or other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court hat fiduciary)
CHRIS LANDI	S
(Тур	ed or printed name of person signing)
PRESIDENT	

(Title of person signing)