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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Blue Ocean Solutions, Inc ORATION:	
	P17(00097614 MBER:	
The enclosed Article	les of Amendment and fee are submitted for tiling.	
Please return all cor	rrespondence concerning this matter to the following:	
	George F Hoge Ji	
	Name of Contact Person Blue Ocean Solutions, Inc	
	Firm/ Company 11949 SW Aventino Dr	
	Address Port St Lucie, FL 34987	
	City/ State and Zip Code	
geo	of@geofhoge.com	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George F Hoge Jr	772	216-7005	216-7005	
	at ()		
Name of Contact Person	Area ('ode & Daytime Telepho	ne Number	

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

🔲 - \$35 Filing Fee

S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

:

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

Blue Ocean Solutions, Inc.

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

P17000097614

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(Bocument 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:

The RE Agents, Inc.		The	He'w
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	"Co", A professional corport	oraled" or the abbrevia ation name must contain	uion i the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			_
D. <u>If amending the registered agent and/or registered office add</u> <u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u>		<u>ne of the</u>	
(Florida sti	cet address)		
<u>New Registered Office Address</u> ;	(City)	, Florida Zip Code)	
<u>New Registered Agent's Signature, if changing Registered Agent</u> I hereby accept the appointment as registered agent. I am familiar Signature of New F	<u>:</u> with and accept the obligation Registered Agent, if changing	2011 JUN 20, P 子 48 S配RETARY OF STATE FALE AHASSEE, FLORIDA	FILED

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:

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<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			- <u>-</u>
Add			
Remove			
4) Change			
Add			·
Remove			<u>, _</u>
5) Change	- <u></u>		
Add			
Remove			
6) Change	. <u> </u>		
Add			
Remove			·

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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) ____ __ _____ ____ ____ ___

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The date of each amendment	it(s) adoption:	if other than the
date this document was signed	d. 14 June 2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
	is cast for the amendment(s) was/were sufficient (or approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
14 Ju	ine 2018	
Dated		
Signature	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	George F Hoge Jr.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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