## P18000013970

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA                              | TION: BLUMBOX, COR   | P<br>  |  |  |  |
|--|--|--|--|--|--|
| DOCUMENT NUMBE                               | D19000012070   |  |  |  |  |
| The enclosed Articles of                     | Amendment and fee are su   | bmitted for filing.  |  |  |  |
| Please return all correspo                   | ondence concerning this ma   | tter to the following:   |  |  |  |
|  | D  | IEGO PAULINO ROMAN   | į  |  |  |
| _  | Name of Contact Person   |  |  |  |  |
|  | BLUMBOX, CORP  |  |  |  |  |
| _  | Firm/ Company  |  |  |  |  |
| 8224 NW 68TH STREET                          |  |  |  |  |  |
| <del>-</del>                                 | Address  |  |  |  |  |
|  | MIAMI, FL. 33166   |  |  |  |  |
|  |  | City/ State and Zip Cod  | e  |  |  |
|  | diego.   | paulino@blumbox.do   |  |  |  |
|  | E-mail address: (to be us  | ed for future annual report  | notification)  |  |  |
| For further information of DIEGO PAULINO ROM | concerning this matter, pleas  | 800  | 609-6361   |  |  |
|  | Contact Person   | at (   | de & Daytime Telephone Number  |  |  |
|  | he following amount made   |  |  |  |  |
| S35 Filing Fee                               | □S43.75 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)       |  |  |
| Ameno<br>Divisio<br>P.O. B                   | ng Address  Idment Section on of Corporations Oox 6327 assee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address  Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301 |  |  |

## Articles of Amendment to Articles of Incorporation

of

## BLUMBOX, CORP

| ( <u>Name</u>   | of Corporation as currently     | filed with the Florida Dept. of State)   |               |             |
|---|---------------------------------|--|---------------|-------------|
|   | P1800001                        | 3970   |               |             |
|   | (Document Number of C           | Corporation (if known)   |               |             |
| Pursuant to the provisions of section 607. its Articles of Incorporation:     | 1006, Florida Statutes, this Fi | orida Profit Corporation adopts the follo                                      | wing ame      | endment(s   |
| A. If amending name, enter the new na   | ame of the corporation:         |  |               |             |
| N/A   |                                 |  | The           | new         |
|   | nation "Corp," "Inc," or "C     | " "company," or "incorporated" or th o". A professional corporation name m A." | e abbrev      | riation     |
| B. Enter new principal office address,  | if applicable:                  | N/A  |               |             |
| (Principal office address <u>MUST BE A S</u>                                  |                                 |  |               |             |
|   |                                 |  | ~             |             |
|   |                                 |  | -03-          | <del></del> |
| C. Enter new mailing address, if appl   | icable:                         |  | C <u>-</u>    | - , ·       |
| (Mailing address MAY BE A POST  |                                 |  |               |             |
|   |                                 |  | -1            | •           |
|   |                                 | <del></del>  |               | l ·         |
|   |                                 |  | <del></del>   |             |
| D. If any dive the variety and seart on                                       | d/an assistant office adduct    | es in Florido, ontou the name of the   | -             |             |
| D. If amending the registered agent an<br>new registered agent and/or the new |                                 | is in Fiorida, enter the name of the   | <del></del> - |             |
| Name of New Registered Agent  | DIEGO PAULINO ROMAN             | I  |               |             |
| Nume of New Registered Agent  | 8224 NW 68TH STREE              |  |               |             |
|   | (Florida stree                  | t address)   |               |             |
| Non-Bonistanad Office Addings   | MIAMI                           | , Florida 3316   | 6             |             |
| New Registered Office Address:  | (0                              | ity) (   | Zip Code)     |             |
|   |                                 |  |               |             |
|   |                                 |  |               |             |
| New Registered Agent's Signature, if c  |                                 |  |               |             |
| I hereby accept the appointment as regist                                     | tered agent. I am familiar wi   | h and accept the obligations of the positi                                     | on.           |             |
|   | Diego                           | Laulin   |               |             |
|   | Signature of New Res            | dstered Agent, if changing   |               |             |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change          | PT             | John Doe               |                          |
|----------------------------|----------------|------------------------|--------------------------|
| X Remove                   | <u>V</u>       | Mike Jones             |                          |
| X Add                      | <u>sv</u>      | Sally Smith            |                          |
| Type of Action (Check One) | Title          | <u>Name</u>            | <u>Addres</u> s          |
| l) Change                  | CEO            | ILLIS M VASQUEZ GARCIA | C/GREGORIO DE LORA #3    |
| Add X Remove               |                |                        | SAN FELIPE PP 57000 DR   |
| 2) X Change                | P              | DIEGO PAULINO ROMAN    | CALLE IRA TELEFERICO #12 |
| Add                        | <del>-</del> - |                        | PUERTO PLATA, DR         |
| Remove                     |                |                        |                          |
| 3 ) Change                 |                |                        |                          |
| Add                        |                |                        | <del></del>              |
| Remove                     |                |                        |                          |
| 4) Change                  |                |                        |                          |
| Add                        |                |                        |                          |
| Remove                     |                |                        |                          |
| 5) Change                  |                |                        |                          |
| Add                        |                |                        | <del></del>              |
| Remove                     |                |                        |                          |
| 6) Change                  | -              |                        |                          |
| Add                        |                |                        |                          |
| Remove                     |                |                        |                          |

| (Attach additional sheets, if necessary). (Be specific)  |
|--|
| N/A  |
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| 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)  |
| N/A  |
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|  | 05/01/2019   |  |
|--|--|--|
| The date of each amendment(s) adoption:  |  | , if other than                            |
| date this document was signed.   |  |  |
| 05/01/2019   |  |  |
| Effective date <u>if applicable</u> :  |  |  |
|  | (no more than 90 days after amendment)   | file date)                                 |
| Note: If the date inserted in this block document's effective date on the Department | es not meet the applicable statutory filing requ<br>t of State's records.  | airements, this date will not be listed as |
| Adoption of Amendment(s) (   | CHECK ONE)   |  |
| ☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f     | the shareholders. The number of votes cast for approval.   | the amendment(s)                           |
|  | y the shareholders through voting groups. The ting group entitled to vote separately on the an                                 |  |
| "The number of votes east for the a  | mendment(s) was/were sufficient for approval   |  |
| by   |  | **   |
| ·  | (voting group)   |  |
| action was not required.   | the board of directors without shareholder action  |  |
| The amendment(s) was/were adopted by action was not required.                        | the incorporators without shareholder action ar  | nd shareholder                             |
| 06/10/2019   |  |  |
| DatedSignature   | e no Paulino   |  |
| (By a director, p<br>selected, by an-  | oresident or other officer – if directors or office incorporator – if in the hands of a receiver, trustiary by that fiduciary) |  |
|  | DIEGO PAULINO ROMAN  |  |
|  | (Typed or printed name of person signing)  |  |
|  | PRESIDENT  |  |
|  | (Title of person signing)  |  |

as