## P1800048608

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: BLUE IVORY IN	C		
DOCUMENT NUMBE	R: P18000048608		<del></del>	
	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
J	ERILYN SCHULTZ			
_		Name of Contact Person	1	
-		Firm/ Company		
9	965 RAIL CIRCLE			
_		Address		
P	ENSACOLA FL 32507			
_	<del></del>	City/ State and Zip Cod	e	
blueivo	rygifts@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
Jerilyn Schultz		at (	614-4160	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation of

BLUE IVORY INC	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P18000048608	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
N/A	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	8600 North Pensacola Boulevard
(Principal office address MUST BE A STREET ADDRE	Pensacola, FL 32534
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9965 RAIL CIRCLE
	PENSACOLA, FL 32507
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent N/A	teat to the contract of
1	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	1/4
Signatur	of New 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:

 $P = President; \ V = Vice\ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	DONNA HARRIS	
Add X Remove			
2) X Change	P, D	PETER J GRAHAM	
Add			
Remove 3 ) Change	VP	PETER J GRAHAM	4460 HIGHWAY 196
X Add			MOLINO FL 32577
Remove			
4) X Change	<u>T</u>	JERILYN SCHULTZ	
Add			
Remove			
5) Change	P.D	JERILYN SCHULTZ	9965 RAIL CIRCLE
X Add			Pensacola, FL 32507
Remove			<del></del>
6) Change			
Add			
Remove			

	tional sheets, if n	recessary). (B	e specific)				
	V/A						
					•		
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f an amend	ment provides f	for an exchange	e, reclassificat	ion, or cancella	tion of issued s	hares,	
<u>provisions</u>	<u>for implementin</u>	ng the amendm	ent if not cont	ained in the am	endment itself	<u>!</u>	
	applicable, indica	ate N/A)					
N	/A						
							•
				<u> </u>			
			<del></del>				
				<del></del>			•

The date of each amendment(s) a date this document was signed.	option:, if other the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were ad by the shareholders was/were so	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	oted by the incorporators without shareholder action and shareholder
Signature(By a c selecte	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court
appoir	ed fiduciary by that fiduciary)
	Jerilyn Schultz
	(Typed or printed name of person signing)
	President
	(Title of person signing)