P/800075358

(F	Requestor's Name)	
(/	Address)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: BLUE OASIS BO	UTIQUE, INC.	
DOCUMENT NUMBE	D10000000000		
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	ONNA R. GORDY		
_		Name of Contact Persor	1
В	LUE OASIS BOUTIQUE.	INC.	
_		Firm/ Company	
15	SCUTTLE HOLE ROAD		
_		Address	
S	ANTA ROSA BEACH, FL	32459	
		City/ State and Zip Code	
mtuohey	@princetuohey.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information c	oncerning this matter, pleas	479	. 461-2084
Name of (Contact Person	at ()de & Daytime Telephone Number
	ne following amount made p		,
\$35 Filing 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)
Amend Divisio P.O. Bo	g Address ment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

BLUE OASIS BOUTIQUE, INC.	
(Name of Corporation as currently for	led with the Florida Dept. of State)
BLUE OASIS BOUTIQUE, INC P1800075358	3
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.2"	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	5-6 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	- Δ π.
	<u> </u>
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:	23 EUA
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(Ci	ty) (Zip Code)
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 Regi	stered 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.

Mike Jones, V as Remove	e, and Sal	ly Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doc	
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
1) Change	S/I	LISA F. WALKER	352 QUAIL CREEK RD
Add			HOT SPRINGS, AR 71901
X Remove			
2) Change			
Add			
Remove			
3) Change		-	····
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
-		
		
		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(y ma uppricusie, maioare (m.))		
		

	NOVEMBER 27, 2018	
The date of each amendment date this document was signed	• • • • • • • • • • • • • • • • • • • •	, if other than the
Effective date if applicable:	NOVEMBER 27, 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 no Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes	east for the amendment(s) was/were sufficient for 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	
NOV Dated	EMBER 28, 2018	
Signature	(Won- & Yerd	
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	DONNA R. GORDY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	