## P200000 30316

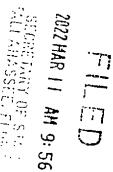
(Requestor's Name)			
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PICK-UP WAIT MAIL			
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Special Instructions to Filing Officer:			
J. HORNE			
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: PURPLE, INC			
	MBER: 220000030316			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	RENEE LEWIS			
	Name of Contact Person			
		Firm/ Company		
	10870 W SAMPLE RD #420	5	_	
	Address			
	CORAL SPRINGS, FL 3306		<del></del>	
		City/ State and Zip Code		
	RENEESIMONE@ATT.NE			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
RENEE LEWIS		at (	592-8223	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## to Articles of Incorporation

Articles of Amendment  $\mathbf{of}$ 

PURPLE, INC.			`
(Name of Corporation as cu	arrently filed with the Florida Dept. of State)		<del>اج</del> ال
P2(XXXX)30316			56
(Document Nu	mber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following	owing amen	dment(s
A. If amending name, enter the new name of the corporat	ion:		
BLAQODEX, INC.		The	
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional corporation name must co	viation "Cor ontain the w	p.," vord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	)		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>	_
). If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Florida, enter the name of the		_
Name of New Registered Agent		<del></del>	
(Flo	orida street address)		
New Registered Office Address:	. Florida		
New Registerea Office Adaress.		(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations of the posit	ion.	
Signature of	New Registered Agent, if changing		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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		_	
Add			
Remove			
2) Change			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

	neets, if necessary).	(Be specific)			
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<u> </u>	· · · · · ·	• • •		-	- n - <u></u>
an amendment p	rovides for an exc	hange, reclassificatio	n, or cancellation of	issued shares.	
<u>rovisions for imp</u>	lementing the amo	endment if not conta	ined in the amendme	nt itselt:	
C.Commercianistical	ne, maicate (NA)				
(if not applicat					
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file o	
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirer partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the Ticient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amena	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated3   5	22	
(By a di selected	rector, president or other officer – if directors or officers h. by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	Renee Lewis (Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	