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05/27/22--01030--019 **35.00

ECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: True Blue Design	and Install ine (FE	IN: 852925901)				
DOCUMENT N							
The enclosed Arr	ticles of Amendment and fee are su	abmitted for filing.					
Please return all	correspondence concerning this ma	atter to the following:					
	Robin Riggle Banks	Robin Riggle Banks					
		Name of Contact Person					
	True Blue Design and Instali	True Blue Design and Install inc					
		Firm/ Company					
	104 Euna Ln						
		Address					
	Altamonte Springs/FL 32701	Altamonte Springs/FL 32701					
		City/ State and Zip Cod	e				
	jbanks.trueblue@gmail.com						
	E-mail address: (to be u	sed for future annual report	notification)				
For further inford Joshua Banks	nation concerning this matter, plea	use call:at (457-2094				
N	ame of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a che	eck for the following amount made						
\$35 Filing F	ee 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)				
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303				

Articles of Amendment to Articles of Incorporation of

FILED

FAT21 (#):

True Blue Design and Install Inc	SECORTION
(Name of Corporation as current	ly filed with the Florida hept of State STATE
° Y 200000 64433	יייבראוואסטפת, דנ
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N / A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N / A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N / A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	. Florida
Men at Property Competendations.	(City) (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 I	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)

Example:

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.

X Change	<u>PT</u>	John Doc		
X Remove	Y	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	V	Joshua Banks	104 Euna Ln	
X Add			Altamonte Springs/FL 32701	
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding Attach additional shee	t additional Articles, if necessary).	cles, enter chan (Be specific)	nge(s) here:			
	N/A					
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47802			· · ·		 .	
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f an amendment pro- provisions for implei (if not applicable,	nenting the amer	ange, reclassifi ndment if not c	cation, or canc	ellation of issue amendment its	d shares, self <u>:</u>	
	V / A		<u> </u>			
						 -
						
						
						

The date of each amendment(s) adoption:	5/22/22	, if other than the
date this document was signed.	5 22 22	
Effective date <u>if applicable</u> :	no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta		rements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the inc action was not required.	corporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		the amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gra	·	
"The number of votes cast for the amenda	ment(s) was/were sufficient for approval	
by	<u>,</u> ,	
(voting	group)	
Dated		
	nt or other officer – if directors or officer orator – if in the hands of a receiver, trus y that fiduciary)	
Robin Riggle I	Banks	
(Ту	ped or printed name of person signing)	
President		
(Tit	tle of person signing)	