## P21 0000 Z6544

(Requestor's Name)
(Address)
(1.52.555)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
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(Document Number)
(Essument Names)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Blue Dream Network Inc. NAME OF CORPORATION: P210000 26544 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 1865 WAKE Forest pre.

Address

Clermont, FL 34711

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shakeda Hatter at (362) 978-7110

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee S35 Filing Fee ■\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tailahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

οf

Blue Orean Network Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P21000026544	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ring amendment(s)
A. If amending name, enter the new name of the corporation:	
PROTOTYPE GIENETICS FRE	Thenew
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevic "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must con- "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	2021
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:	
Name of New Registered Agent	_ <del></del>
	<u> </u>
(Florida street address)	_ 5: (
New Registered Office Address:	)7
	p 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	<i>t</i> .
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)

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> <u>John</u>	i Doe	
$\underline{X}$ Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addręs</u> s
1) K Change	CEO	Shakeda Hatten	1865 WAKE Fores
Add			Are. Clermont, FL
Remove 2) Change	$\mathcal{D}$	Joeworn martin	347-11 1865 WAKE FOREST
Add		JOEDON: WATER	Are. Clerant, Fl
Remove 3) Change			34711
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			***************************************
Remove			

E. <u>If amending</u> (Attach <i>additi</i> i	or adding additional Arti mal sheets, if necessary).	icles, enter change( (Be specific)	(s) here:		
N		()			
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∐f an amendn	nent provides for an exch	iange, reclassificati	ion, or cancellation	n of issued shares,	
provisions for	or implementing the ame oplicable, indicate N/A)	ndment if not cont	ained in the amen	dment itself:	
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<i>1</i>	<u> </u>				
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The date of each amendment(s) as	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	4/6/2021	
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for t flicient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The fa- each voting group entitled to vote separately on the ame	
"The number of votes east	for the amendment(s) was/were sufficient for approval	20
by	,"	2021 JU <u>L</u>
	(voting group)	Ę
		72
5	16/2027	
Dated	101000	
Signature	Should Att 5	
(By a di	rector, president or other officer - if directors or officers	have not been
	, by an incorporator – if in the hands of a receiver, truste	ee, or other court
арроіпі	ed fiduciary by that fiduciary)	
	Shaleeda Hatter	<b>1</b>
	(Typed or printed name of person signing)	···
_	CED	
	(Title of person signing)	