P98000083677

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	_{RATION:} <u>Adam's Blu</u>	ie Devil, Inc.	
DOCUMENT NUM	DOSODOSSEZ		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Mr. Robert Feiers	stadt	
		Name of Contact Person	n ,
	Adam's Blue Dev	il, Inc.	
		Firm/ Company	
	P.O. Box 290420		
		Address	
	Davie, FL 33329		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e
Ro	bblue151@gmail.	com	
<u> </u>		sed for future annual report	notification)
East footh on in farmatic		a aalli	
ror further informatic	on concerning this matter, pleas	se can:	
Mr. Robert Feierstadt		a _{t (} 954	214-5866
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$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)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
		Tallahs	assee FL 32301

Articles of Amendment to Articles of Incorporation

FILED.

Adam's Blue Devil, Inc.	2015 JAN 21 PH 2: 40	
(Name of Corporation as currently filed with the Flo	ride Dent of State)	
P98000083677	SECTIC TARRY OF STATEDA	
(Document Number of Corporation (if k		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
Blue Devil Tattoo Corp.	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	Blue Devil Tattoo	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1603 East 7th avenue	
	Tampa, FL 33605	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Mr. Robert Feierstadt	
	P. O. Box 290420	
	Davie, FL 33329	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Mr. Robert Feiers		
1603 E. 7th Avenue		
New Registered Office Address: Tampa	, Florida_ 33605 -	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I all familiar with a signature of New Hegistered Agent.	th and accept the obligations of the position. ent, 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>	Name	<u>Addres</u> s
1) Change	Р	Skip Sampson	1712 East 7th Avenue
Add			Tampa, FL 33605
Remove			
2) Change	Р	Robert Feierstadt	P.O. Box 290420
Add			Davie, FL 33329
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
N/A	
•	
	<u> </u>
	1 100 41
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued snares, and ment if not contained in the amendment itself:
. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued snares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued snares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued snares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued snares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued snares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued snares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued snares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued snares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s)	adoption: 01/01/2015	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	1.12.2015	
Signature	(R)	
(By :	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Mr. Robert Feierstadt	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	