P13000032693

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: _	OASIS	DREAMS	INC	
DOCUMENT NUMBER:	P 13000	032693		
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.		
Please return all correspondence co	oncerning this mat	tter to the following:		
Thouse 804 Cap	nas W.H Nichola e Coral,	Name of Contact Pe ill & Compar Firm/ Company as Pluy E Address Florida 3 City/ State and Zip Company Sed for future annual reports	14, UC Ste 1 3990	
For further information concerning this matter, please call:				
THOMAS W. 1	11LL	at (234	7 549-2444	
Name of Contact P			Code & Daytime Telephone Number	
Enclosed is a check for the follow	ing amount made	payable to the Florida E	Department of State:	
	75 Filing Fee & ificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Addre Amendment Sec			reet Address nendment Section	
Division of Corporations		Division of Corporations		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OASIS	DREAMS	INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P 13 000032693
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 804 NICHOLAS PLWY E, STE1 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) CAPE CORAL, FL 33990 C. Enter new mailing address, if applicable: 804 NICHOLAS PLLY E, STE 1 (Mailing address MAY BE A POST OFFICE BOX) CAPE CONAL, FL 33990 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 _ NICHOLAS PKWY E, STE New Registered Office Address: _ 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 Registered 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.

Example:	ve, and sally smi	m, 57 d5 th Add.	
X Change	<u>PT</u> <u>John</u>	1 Doe	
\underline{X} Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	<u>v Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	CHRISTIAN KRUPPA	1318 LAFAYETTE ST CAPE CORAL FE 33904
X Remove			
2) Change Add	<u>'P</u> _	SOPHIA KRUPPA	804 NICHOLAS PICHY E, STE 1
Remove 3) Change Add			CAPE CORAL FL 33990
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			
Remove			

ttach additional she	eis, if necessary).	icles, enter change((Be specific)	<u> </u>		
	<u>.</u>				
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<u>f an amendment pi</u> provisions for imp	rovides for an exc	hange, reclassifica endment if not con	tion, or cancellat tained in the ame	<u>ion of issued snar</u> endment itself:	<u>es,</u>
if not applicat	ole, indicate N/A)	enament it not con	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	· - · -			
		· · · · · · · · · · · · · · · · · · ·			
		NA			

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
fno more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficien	
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sh action was not required.	nareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareh action was not required.	solder action and shareholder
Dated 5/29/2019 Signature	
(By a director, president of other officer - if directed, by an incorporator - if in the hands of appointed fiduciary by that fiduciary)	
CHRISTIAN KRUPP	PA-
(Typed or printed name of pe	
PRESIDENT	
(Title of person s	signing)