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COVER LETTER

TO: Amendment Section Division of Corporations Ascension Global Inc NAME OF CORPORATION: N02000006290 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for tiling. Please return all correspondence concerning this matter to the following: Dr. Sonia B. Elliott (Name of Contact Person) ASCENSION GLOBAL INC. (Firm/ Company) WATLANTIC BLUD UNIT Beca Raton, drsoniaelliott@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dr. Sonia B. Elliott (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: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TILED HOUSE

Ascension Global Inc

(Name of Corporation as currently filed with the Florid	la Dept. of State)	3
N02000006290		
(Document Nur	mber of Corporation (if known)	1/2
Pursuant to the provisions of section 617,1006, Florida Statamendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporate	ion adopts the following
A. If amending name, enter the new name of the corpor	ration:	
Eagle's Wings Global, INC.		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbrevia	tion "Corp." or "Inc."
B. Enter new principal office address, if applicable:	6350 W Atlantic Blvd, Unit 4.	
(Principal office address <u>MUST BE A STREET ADDRES</u>	SS) Margate, Fl 33063	
	111111111111111111111111111111111111111	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		of the
	ı	
New Registered Office Address:	(Florida street address)	
	FI	
	, ri (Ciţy) (orida Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the position.
	NA Signature of New Registered Agent, if char	
	Signature of New Registered Agent, if char	iging

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 X/Remove X/Add	PT John De V Mike Ja SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add		NIA	
Remove			
2) Change Add		NA	
Remove 3) Change Add Remove		NIA	
4) Change Add		NA	
Remove		1	
5) Change Add		NA	
Remove		ι Λ	
6) Change Add		N/H	
		Page 2 of 4 icles, enter change(s) here:	
(attach additional shee	is, if necessary).		
	<u>-</u>	NA	***

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NIN
Page 3 of 4
The date of each amendment(s) adoption: $\frac{12/28/20}{}$. if other than the date this document was signed.
Effective date if applicable: January 1, 2020
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Dated	12.28/2019
Signature	2 Sound Potante
·	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Dr. Sonia B. Elliott
	(Typed or printed name of person signing)
	President
	(Title of person signing)

. \blacksquare There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.