## N10000004906

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	THE OPEN STUDIO		
	N10000004906		
DOCUMENT NUMBER: _			
The enclosed Articles of Am	endment and fee are submi	itted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
William Lundgren			
	(	Name of Contact Persor	)
		(Firm/ Company)	
1811 Englewood Road, #20-	1		
		(Address)	
Englewood, FL 34223			
<del></del>	(	City/ State and Zip Cod	e)
bill.lundgren52@gmail.com			
E	-mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please c	all:	
William Lundgren 603-490-8511			
	(Name of Contact Person)		rea Code) (Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pay	able to the Florida Depa	artment of State:
☐ \$35 Filing Fee	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 A	ddress		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

THE OPEN STUDIO, INC.

THE OFEN STODIO.						
(Name of Corporation	as currently file	ed with the Florida Dept. o	of State)			
N10000004906						
(Docum	nent Number of (	Corporation (if known)				
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this	s Florida Not For Profit Co	rporation adopts th	e following		
A. If amending name, enter the new name of the	corporation:					
Life Realized, Inc.				The new		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or "incorporated" or the ab	breviation "Corp."	or "Inc."		
B. Enter new principal office address, if applica	981	981 Ohio Avenue				
(Principal office address MUST BE A STREET A	DDDLCCA	lewood, FL 34223				
		•				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		1811 Englewood Road, #204		SECK		
(Muning dadress MAT DE AT OUT OF TREE)		Englewood, FL 34223				
				USSI ON THE		
D. If amending the registered agent and/or registered	stered office add	dress in Florida, enter the	name of the			
new registered agent and/or the new register	<u>red office addres</u>	ss:				
Name of New Registered Agent:	William Lundg	ren				
	1811 Englewoo	od Road, #204				
New Registered Office Address:	<del></del>	(Florida street a	address)			
	Englewood		34223			
	10	ity)	Florida (Zip Code)	<del></del>		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager	Registered Agen nt. I am familian	r with and accept the obliga 4 Love		·		
	Signat	are of New Registered Agen	t, 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 X Remove X Add	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	William H. Lundgren	981 Ohio Avenue
$\frac{X}{Add}$			Englewood, FL 34223
Remove			
2) Change	D	June M. Deveneau	833 Texas Avenue
X Add			Englewood, FL 34223
Remove			<u> </u>
3 ) Change	D	Judith A. Jenkins	981 Ohio Avenue
X Add	<u> </u>	<del></del> _	Englewood, FL 34223
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
(attach additional sheets, if necessary).	(Be specific)						
N/A				<b>_</b> ==			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 6-10-19	
Signature  (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)	
Lester Bernstein (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	