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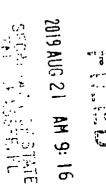
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	TUDY INC. 			
	N19000000517				
DOCUMENT NUMBER:					
The enclosed Articles of Ar	nendment and fee are subn	nitted for filing.			
Please return all correspond	lence concerning this matte	r to the following:			
Kent Morse					
	 .	(Name of Contact	Person)		.
The Dolphin Study Inc.					
		(Firm/ Compa	ıny)		
3385 Captains Cove					
		(Address)			
Naples/ Florida 34112					
		(City/ State and Zi	p Code)		
kmkentmorse346@gmai	l.com				7.
	E-mail address: (to be used	for finure annual r	eport notifi	ication	n)
For further information con	cerning this matter, please	call:			
Kent Morse			239 at		398-0708
	(Name of Contact Person))	(Area C	ode)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida	a Departme	ent of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	y is	Certiti Certiti	O Filing Fee icate of Status ied Copy tional Copy is sed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE DOLPHIN STUDY INC.		222
(Name of Corporation as curren	tly filed with the Floric	ia Dept. of State)
N1900000517		
(Document Numb	er of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	on:	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	'ion" or "incorporated"	or the abbreviation "Corp." or "Inc."
D. Catanana air sinch office address if analysishly	N/A	A 1916
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_ 	2019 NUS
	·	- 52
		· · · · · · · · · · · · · · · · · · ·
		AH 9: 16
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ب پ
(Manual Manual M		F 5
		71
 If amending the registered agent and/or registered office new registered agent and/or the new registered office a 		nter the name of the
N/A		
Name of New Registered Agent:		
<u></u>		
New Registered Office Address:	(Flor	rida street address)
	(City)	, Florida (Zip Code)
	(City)	(Esp Cine)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fai	niliar with and accept th	ie obligations of the position.
	:	and American Mahamatan
20	ignature of New Register	rea Ageni, ij 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>Mik</u>	n Doc se Jones sy Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Р	Kent Morse	3385 Captains Cove
X Add			Naples, FL 34112
Remove			
2) X Change	VP	Michael Tateo	415 Samar Ave.
Add			Naples, FL 34112
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

N/A	
	·
,	

8/19/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
8/19/2019	
Effective date if applicable: (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, document's effective date on the Department of State's records	this date will 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 ar- was/were sufficient for approval.	nendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	was/were
Dated 8/19/2019	
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(By the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary) Kent Morse	
(Typed or printed name of person signing)	
Incorporator, Director	
(Title of person signing)	