

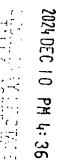
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| SEA WAVES | S. INC (dba) |
|---|--|
| N23000007887 | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee a | are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| Leah Stiles | |
| | (Name of Contact Person) |
| SUPPORT,EDUCATION,AWARENESS-WE | ELLNESS AND VALIDATION FOR EATING DISORDERS & SELFCARE |
| | (Firm/ Company) |
| 15747 Fountain Springs Rd. | |
| | (Address) |
| Winter Gardem, FL 34787 | |
| | (City/ State and Zip Code) |
| leahstiles@sea-waves.org | |
| E-mail address: (to | be used for future annual report notification) |
| For further information concerning this matter, | please call: |
| Leah Stiles | 757 675-2098 |
| (Name of Contact | |
| Enclosed is a check for the following amount of | nade payable to the Florida Department of State: |
| □ \$35 Filing Fee ■\$43,75 Filing F Certificate of S | |
| Mailing Address Amendment Section | Street Address Amendment Section |

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

Support, Education, Awareness - Wellness and Validation for Eating Disorders and Self-Care, Inc

...

| (Name of Corporation as currently filed with the | e Florida Der | ot. of State) | | | |
|--|-----------------|-----------------------|----------------------|---------------------------------------|-------------|
| N23000007887 | | | | | |
| (Docum | nent Number | of Corporation | (if known) | · · · · · · · · · · · · · · · · · · · | |
| Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation: | orida Statutes, | this <i>Florida N</i> | ot For Profit Corp | oration adopts the foll- | owing |
| A. If amending name, enter the new name of the | e corporation | <u>ı;</u> | | | |
| SEA WAVES, Inc. | | | | The | e new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | | n" or "incorpo | orated" or the abbr | eviation "Corp." or " | lnc." |
| B. Enter new principal office address, if applica | ıble: | I/A | | 20 | |
| (Principal office address MUST BE A STREET A | | | | 24 0 | — <u> </u> |
| | _ | | · · · | | |
| | _ | | | | |
| C. Enter new mailing address, if applicable: | N | J/A | | 7 CF 388 | |
| (Mailing address MAY BE A POST OFFICE) | <u>BOX</u>) | | | | |
| | _ | | | | |
| | | | | | |
| N 76 | | . 44 (. 171. | | | |
| If amending the registered agent and/or registered agent and/or the new registered. | | | oriua, enter the na | me of the | |
| Name of New Registered Agent: | N/A | <u></u> | | | |
| Name of New Registered Agent. | | | | | |
| | | | (Florida street addr | ess) | |
| New Registered Office Address: | | | | | |
| | N/A | | | _, Florida | |
| | | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing I | | | | | |
| I hereby accept the appointment as registered agen | nt. I am famil | liar with and a | ccept the obligation | ns of the position. | |
| | | | | | |
| - | Sign | ature of New F | Registered Agent, if | | |

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>PT</u> <u>Y</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|------------------------------------|------------------------------------|---|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | VP | JASON PROCACCINO | 15747 FOUNTAIN SPRINGS RD WINTER GARDEN, FL 34787 |
| × Remove | | | |
| 2) Change Add | T | TONI MCCREASH | 15747 FOUNTAIN SPRINGS RD WINTER GARDEN, FL 34787 |
| x Remove 3) Change Add x Remove | <u>S</u> | MARIN PIZZUTO | 15747 FOUNTAIN SPRINGS RD WINTER GARDEN, FL 34787 |
| 4) × Change Add | CEO | LEAH STILES | 15747 FOUNTAIN SPRINGS RD WINTER GARDEN, FL 34787 |
| Remove | | | |
| 5) × Change Add | <u>P</u> | TYRAH JENKINS | 15747 FOUNTAIN SPRINGS RD WINTER GARDEN, FL 34787 |
| Remove | | | |
| 6) Change Add | T | JOY TURNER | 15747 FOUNTAIN SPRINGS RD WINTERGARDEN, FL 34787 |
| Remove | | | |
| E. If amending or additional sheet | | onal Articles, enter change(s) here: essary). (Be specific) | |
| Currently Jason Procacci | no is liste | ed as the VP, Toni McCreash is listed as the T, Ma | rin Pizzuto is listed as the S. Leah Stiles |
| is listed as the CEO, Tyr | ah Jenkin | s is listed as the P. There is a change, Jason Procac | ecino, Toni McCreash, and Marin |
| Pizzuto leave the corpora | ation. Lea | h Stiles is named the CEO and P, Tyrah Jenkins is | named the VC, and Joy Turner is |
| | | oted as Jason Procaccino, VP as Remove, Toni M | |
| | - | a change, Tyrah Jenkins, VC as a Change, and Joy | |

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| The date of each amendment | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , if other than the |
| date this document was signed | | |
| Effective date if applicable: | November 11, 2024 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the document's effective date on t | his block does not meet the applicable statutory filing requirements, this date will not be be Department of State's records. | e listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/w was/were sufficient for ap | vere adopted by the members and the number of votes cast for the amendment(s) oproval. | |

| Dated | November 26, 2024 |
|-------|--|
| Balea | TAZIO |
| | 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) Tyrah Jenkins |
| | (Typed or printed name of person signing) |
| | Vice Chairman |
| | |