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STORETARY OF STATE

SEP 2 8 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STUDIO ARTS A	AND GRAPHICS INC
DOCUMENT NUMBER: P04000020082	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
DAWN ELLA PIERNE	
	Name of Contact Person
STUDIO ARTS AND GRA	PHICS INC
	Firm/ Company
27771 TENNESSEE STREE	ET SUITE 1
	Address
BONITA SPRINGS, FL 341	35
	City/ State and Zip Code
drdawnella@gmail.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	se call:
DAWN ELLA PIERNE	at (239 405)-3307
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 & 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 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

STUDIO ARTS AND GRAPHICS INC

		*	G.TES
(Name of Corpora	ation as currently filed with the Florida Dept. of State)	200 M d	<u></u>
P04000020082		곮췙	SE
(Doc	ument Number of Corporation (if known)	%≥.	\sim
		쑮	ယ
	ida Statutes, this Florida Profit Corporation adopts the follo	owing ame	nd m ent
its Articles of Incorporation:		() ()	ΐ
A. If amending name, enter the new name of the	corporation:	물질	ယ
THE SOUL MEDIC INC		7	œ
	I 10 11 11 11 11 11 11 11 11 11 11 11 11	The	new
"Corp.," "Inc.," or Co.," or the designation "Co	ord "corporation," "company," or "incorporated" or the prp," "Inc," or "Co". A professional corporation name m		
word "chartered," "professional association," or ti	he abhreviation "P.A."		
B. Enter new principal office address, if applical	ble•		
(Principal office address MUST BE A STREET A			

C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u></u>		
D. If amonding the registered agent and/or regis	tered office address in Florida, enter the name of the		
new registered agent and/or the new registered			
Name of New Registered Agent			
	(Florida street address)		
V 5 1000 (11	5 1.11		
New Registered Office Address:	, Florida,	(Zip Code)	
	(City)	Zip Coue)	
N. D. C. LA. (1.0)			
New Registered Agent's Signature, if changing R	tegistered Agent: t. I am familiar with and accept the obligations of the positi	ion	
mercoy accept the appointment as registered agent	I am juminal with and accept the congations of the positi	.071	
	anature 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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
A) CI			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Character Character			
6) Change			
Add			
Remove			

	s, if necessary).	(Be specific)			
-					
			- 10 (A		
f an amendment prov provisions for implem	nenting the amer	ange, reclassification	ation, or cancellat ntained in the am	non of issued sna: endment itself:	<u>res,</u>
	indicate N/A)				
(if not applicable,					
(if not applicable,					
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(if not applicable,					
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(if not applicable,					_
(if not applicable,					_
(if not applicable,					

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
S Effective date <u>if applicable:</u>	EPTEMBER 19, 2015	
enerve date <u>n applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	<i>ient</i>
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
SEPTEN Dated	MBER 19, ,2015	
Signature	Daun Cla Pierne	
(By s	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other conditted fiduciary by that fiduciary)	
	DAWN ELLA PIERNE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	