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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com



ORDER FORM

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 7/9/2019

PRIORITY Routine

OUR REF # (Order ID#) 75!

ORDER ENTITY

SKELETAL DYNAMICS INC. C/N/T SKELETAL DYNAMICS MANAGER, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

SKELETAL DYNAMICS INC. C/N/T SKELETAL DYNAMICS MANAGER, INC. (FL)

File the attached amendment

NOTES:

\$35.00 Authorized (THIS IS A 1 OF 2, 2 OF 2 FILING - Amendment filed first, Conversion filed second. Conversion attached with separate coversheet.)

Email address for annual report reminders: tscoff@adsllp.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

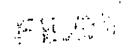
If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 09, 2019 Pa

Articles of Amendment to Articles of Incorporation of



Skeletal Dynamics Inc.			গুলাৰ গুম – ৭	FE :!! A
(Name of Corpo	ration as currently	filed with the Florida	Dept. of State)	
P06000131070				
(Do	ocument Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this I	Florida Profit Corporati	ion adopts the follo	owing amendm
A. If amending name, enter the new name of the	e corporation:			
Skeletal Dynamics Manager, Inc.				The ne
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "C	Co". A professional co		he abbreviatio
B. Enter new principal office address, if applic		N/A		
(Principal office address <u>MUST BE A STREET</u>	<u>ADDKESS</u>)			
				
C. Enter new mailing address, if applicable:	יארא	N/A		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BUX</u>)			
				
D. If amending the registered agent and/or reg	istopad affice addp	are in Florida, outer th	a nama of the	
 If amending the registered agent and/or reg new registered agent and/or the new register 			e name or the	
Name of New Registered Agent	rating Services, Ltd	I.		
	lenway Drive	- .		
	(Florida stre	ret address)		<u></u>
Tallaha	, , , , ,	or 1862, 233,	323	01
New Registered Office Address:		City)	, Florida	(Zip Code)
	·	,		,,,
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered age.	nt. I am familiar w	ith and accept the oblig	ations of the positi	ion.
Melina	Shas			
	Signature of New Re	egistered Agent, if chang	ging	<u> </u>
v	V			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. TI 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 Ci 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			
4) Change			
Add			
Remove			.00000
5) Change			
Add			
Remove			
			-
6) Change			
Add			
Remove			

	ach additional sheets, if necessary). (Be specific)
N/A	
<u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
I/A	(y nor appreciate, naticale tria)
	

The date of each amendment(s) adoption:, if other
date this document was signed.
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
(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 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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_ June 14, 2019
Dated June 14, 2019
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Ana Escagedo
(Typed or printed name of person signing)
Director
(Title of person signing)