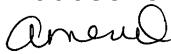
P0700000a0907

(R	lequestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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COVER LETTER

TO: Amendment Section

Division of Corporations

17

NAME OF CORPORATION: Eyes 2 Images,	Inc.		
DOCUMENT NUMBER: P07000020907	<u>. </u>		
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Wes Collins			
	ame of Contact Person		
	Firm/ Company		
334 East Lake Road, #22	3		
	Address		
Palm Harbor, FL 34685			
	City/ State and Zip Code		
. info@krmresources.com			
· ·	be used for future annual report notification)		
a man addi 655; (10 c	and the same annual report normalities,		
For further information concerning this matter, p	please call:		
Wes Collins	at (813 792-4600		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Statu			
Mailing Address	Street Address		
	Amendment Section Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

Eyes 2 Images, Inc.		mu 1. Th
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State
P07000020907		STATE OF STATE
	(Document Number	of Corporation (if known) Alican Assure Fundament
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
 B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 		334 East Lake Road, #223
		Palm Harbor, FL 34685
		P.O. Box 1735 Oldsmar, FL 34677
D. If amending the registered agent are new registered agent and/or the new	w registered office addre	
Name of New Registered Agent	Same	
	334 East Lake Road, #22	23
	·	street address)
New Registered Office Address:	Palm Harbor	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		nt: r with and accept the obligations of the position.
	Signature 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 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 Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	N/A	_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				_
Add				
Remove				
4) Change				
Add		_		
Remove				
5. 01				
5) Change		_		
Add Remove				
Kemove				
6) Change				
Add				
Damaria				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
N/A			

	option:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 90	days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De		ble statutory filing requirements, this d	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su:		number of votes cast for the amendment	(s)
		gh voting groups. The following statem te separately on the amendment(s):	ent
	for the amendment(s) was/were	, .	
by	(voting group)	"	
	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors w	rithout shareholder action and sharehold	er
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators witho	ut shareholder action and shareholder	
August 14, Dated	2015		
Signature	v. CM	ン	
(By a di	rector, president or other office	r – if directors or officers have not been hands of a receiver, trustee, or other cou	
appoint	ed fiduciary by that fiduciary)		
	Wes Collins		
	(Typed or printed na	ume of person signing)	
	President		
	(Title of	person signing)	