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SECRETARY OF STATE
FALLAHASSEE FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: EYEON THE ISLANDS, INC.
DOCUMENT NUMBER: PO 70000 36621
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SEFF M= Dermott Name of Contact Person
EyEon The Islands, Inc
Coloo Henderson Rd Address
SANIDU F 33957 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 898-4464 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$33.75 Filing Fee &
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Eyeon The Islands, Inc (Name of Corporation as currently filed with the Florida Dept. of State)
P07000036621

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

If amending name, enter the new name			_	
King Fisher Troperty	MANAgel		LOC.	The ne
ne must be distinguishable and contain	n the word corp	oration," "con	npany," or "incorp	orated" or th
reviation "Corp.," "Inc.," or Co.," or t	he designation "Co	orp," "Inc," or	"Co". A professio	onal corporatio
ne must contain the word "chartered," "p	rofessional associa	ation," or the a	bbreviation "P.A."	
Enter new principal office address, if a	nnlicable:			
incipal office address MUST BE A STRI		-		···
netput office unit ess <u>mest surviva</u>	, , , , , , , , , , , , , , , , , , ,			
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Enter new mailing address, if applicab				
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX			<u></u>
		<u> </u>		
If amending the registered agent and/o new registered agent and/or the new re			rida, enter the nam	e of the
Name of New Registered Agent:				
New Registered Office Address:	(Flori	ida street addre.	ss)	
		· · ·	, Florida_	
	(City)		(Zip Code)	
v Registered Agent's Signature, if chan	aina Rogietorod A	gent:		
reby accept the appointment as registered			ccept the obligations	of the position
. 10) 1111pt me appointment an tegister et	g			N.S
_			•	50
	Signature of New	Registered Age	ent, if changing	22
				S_{N}^{*}

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)

Title	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			☐ Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		
(attach ada	litional sheets, if necessary). (Be spe	ecific)	
provision	endment provides for an exchange, rass for implementing the amendment applicable, indicate N/A)		

The date of each amendment(s	s) adoption: 5/16/07
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 5	/12/09
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	SEFF ME Dermott (Typed or printed name of person signing)
	Pres: Dest