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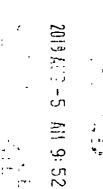
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R. WHITE AUG 0 8 2003

COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: Edward DOCUMENT NUMBER: PO8000	+ Anthony 5 Inc 38574		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mate	ter to the following:		
Ryan f	Name of Contact Person		
	Firm/ Company		
19975 REAL	• •		
	Address		
FT My	Address FL 33998 City/ State and Zip Code		
	City/ State and Zip Code		
GEORGEOSLER	21 D Hot mail * Com ed for future annual report notification)		
E-mail address: (to be use	ed for future annual report notification)		
For further information concerning this matter, pleas	e call:		
Ryan Eunson	at (239) 218 - 9114 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
☐ \$35 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
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

Article

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to	٠.	•	
es of Incorporation			-
of			

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Edward & Hathonys I	AC 2018 AUG - 5 AM	9:51
(Name of Corporation as currently filed	with the Florida Dept. of State)) 4 <u>1</u> 5
PO80000 38574		L
(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> ts Articles of Incorporation:	a Profit Corporation adopts the followin	g amendment(s
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	A professional corporation name must	contain the
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————		
D. If amending the registered agent and/or registered office address in	Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent SEORGE OSIF		•
7550 MISSIA (Florida street add	on Hills Drive #3	26
New Registered Office Address: NAples (City)	, rlorida	1/0; Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations of the position.	,
Signature of New Registe	ered Agent if changing	
Signature of then Registe	· · · · · · · · · · · · · · · · · · ·	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 Chang 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	<u> </u>	Kyan Evanson	7550 Mission
Add Remove			Hills Dr. #326 NAples FL 3411
2) Change Add	P	George Osler	7550 Mission Hills DR #326
Remove			Naples FL 34119
3) Change			
Remove			
4)Change			
Add Remove			
5) Change ·			
Add Remove			
6) Change			
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If an amendm	ent provides for a	in exchange,	reclassification	n, or cancellati	on of issued	<u>i shares.</u>
	plicable, indicate i		ot ii not toman	icu in tuc aine	noment tt.	
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The date of each amendment(s) adopt	7-24.19	, if other than
date this document was signed.		·
Effective date <u>if applicable</u> :	7 - 24 - 19 (no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	ements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice	by the shareholders. The number of votes cast for the ent for approval.	e amendment(s)
☐ The amendment(s) was/were approvemust be separately provided for each	ed by the shareholders through voting groups. The folh woting group entitled to vote separately on the amer	lowing statement adment(s):
"The number of votes cast for	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopte action was not required.	I by the incorporators without shareholder action and	shareholder
Dated	7-24.19	
Signature	O Service of Control o	have not hear
(By a directed, b	for, president or other officer – if directors or officers an incorporator – if in the hands of a receiver, truste	e, or other court
	iduciary by that fiduciary)	
	GEORGE Osler	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	