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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Tone Shapers, Inc.		
DOCUMENT NUM	DOGODODOZ 1 A		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	George Ellison		
	 	Name of Contact Perso	n
	Tone Shapers, Inc.		
		Firm/ Company	
	4913 US Highway 1	. ,	
		Address	
	Vero Beach, FL 32967		
		City/ State and Zip Cod	e
geo	rge@toneshapers.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
George Ellison		at (772	217-8662
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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
			Iment Section
			on of Corporations
		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tone Shapers, Inc.			
(Name	of Corporation as curren	tly filed with the Florida Dept	. of State)
P08000088614			
	(Document Number	of Corporation (if known)	· ·- ·- ·-
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation ac	lopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc," or	"Co". A professional corpora	orated" or the abbreviation
B. Enter new principal office address	if annlicable:	4913 US Highway 1	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Vero Beach, FL 32967	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4913 US Highway 1 Vero Beach, FL 32967	TILE TILE
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	ud/or registered office address N/A	dress in Florida, enter the namess:	ne of the
	4913 US Highway 1		
		treet address)	
N D :	Vero Beach	, ,	32967
New Registered Office Address:		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	 -	N/A 	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Chanca			
6) Change			-
Add			
Remove			

(Attach addition	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
rticle IV - The	number of shares the corporation is authorized to issue is: 5,000	
If an amendi	nent provides for an exchange, reclassification, or cancellation of issued shares,	
provisions f	or implementing the amendment if not contained in the amendment itself:	
(y nor a /A	pplicable, indicate N/A)	
		
 		
		_
		-
<u> </u>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 we document's effective date on the Department of State's records.	vill not be listed as the
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 Feb 24, 2017 Dated Signature (By a director, president or other bifficer – if director) or officers have not been selected, by an incorporator – if fir the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) George W. Ellison Jr. (Typed or printed name of person signing)	<u>. </u>
President	
1 ICAUCIII	

(Title of person signing)