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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPORATION: Story	ylens: Corporation	
DOCUMENT NUMBER: PO9	000018021	
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Robert D. (Name o	Birch of Contact Person)	
Story lens (Fin	Corporation (MCCompany)	
1270 May +	field Ave (Address)	·····
Winter Park (City) St	FL 32789 ate and Zip Code)	
For further information concerning this matter,	please call:	
Robert Birch (Name of Contact Person)	at (407) 4/2 - 74 (Area Code & Daytime Telepho	59 one Number)
Enclosed is a check for the following amount m	nade payable to the Florida Departmen	nt of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	552.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of	00
Story lens	Concetion	140
	rrently filed with the Florida Dept. of S	tate)
P090000 19	3071	
10100010	Sumber of Corporation (if known)	
·	- , , , , , , , , , , , , , , , , , , ,	
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of Inc.		t Corporation adopts the
A. If amending name, enter the new name	e of the corporation:	
_ Storylens Coco	nation	
The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation na association," or the abbreviation "P.A."	and contain the word "corporation,"," "Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STRI		
		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/o		nter the name of the
new registered agent and/or the new re	gistered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register		ept the obligations of the
position.	gom yamman min ana acc	ep. the doinganoid of the
	Signature of New Registered Agent, if cl	nanging

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) **Type of Action** Address <u>Title</u> <u>Name</u> ☐ Add □ Remove _ 🗖 Add ___ Remove _____ 🚨 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption: March 18, 2009
Effective date if applicable: March 73 2009
(no more than 90 days after amendment file date)
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 3/18/09 Signature Rolled D Burd
(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)
(Typed or printed name of person signing)
(Typed of printed name of person signing) Vice President (Title of person signing)