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SECRETARY OF STATE

2009 JUN 15 AM 8: 26



COVER LETTER

Division of Corporations					
NAME OF CORPORATION: ART SMART INC					
DOCUMENT NUMBER: P0900046904					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
PAUL LEVENSON Name of Contact Person					
ART SMART OF THE PALM BEACHES, INC					
1415 lake are Svile 7					
Cake Worth, Fz 33460 City/State and Zip Code Paul. Levenson @ Jahoo. com. E-mail address: (to be used for future annual report/notification)					
For further information concerning this matter, please call: Paul EVENSON at (SO) 502 - 883 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy					
Mailing Address Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 CAdditional Copy is enclosed Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of incorporation					
of Fr or t					
ART Smart INC					
(Name of Corporation as currently filed with the Florida Dept. of State)					
25 2°					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation:					
ART SMART OF THE PALM BEACHES, INC. The new					
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the					
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation					
name must contain the word "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable: 1415 Lake One Upt 7					
(Principal office address MUST BE A STREET ADDRESS)					
Take Worth to					
2011					
<u> 33960 · </u>					
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)					
To be a little of the second of the					
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: PAUL LEVENSON					
11 C C C 1 C C A A 1					
1915 Lake we Apt 7.					
New Registered Office Address A. (Florida street address)					
10/0/1/24 32V(D)					
GOLL WOYLIN , Florida 59					
(City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. Vamfgmiligh with and accept the obligations of the position.					
pl/lat/luv-					
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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	1 1		
			☐ Add ☐ Remove
			Add
	nding or adding additional Articles, er additional sheets, if necessary). (Be sp		
provis	amendment provides for an exchange, sions for implementing the amendmen not applicable, indicate N/A)	reclassification, or cancell t if not contained in the an	lation of issued shares, nendment itself:
		J	