Plowagio

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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| |

Office Use Only



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SECHETASSEE, FLORIDA

AUG 0 8 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|--|---|
| NAME OF CORPORATION: Eagle De | ental Studiolno |
| DOCUMENT NUMBER: P10000029 | 100 |
| The enclosed Articles of Amendment and fee are submitted | ed for filing. |
| Please return all correspondence concerning this matter to | the following: |
| Gilbert De | FAUS ame of Contact Person |
| | Deutel Studio Inc. Firm/ Company |
| 6809 | S Dixie Hwy |
| West fa | Address Address FL 33405 ty/ State and Zip Code |
| E-mail address: (to be used for | (Q Q O /· C O M) r future annual report notification) |
| For further information concerning this matter, please call | ; |
| Lisa De faus Name of Contact Person | at (<u>56/)</u> <u>291-1615</u> Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payab | le to the Florida Department of State: |
| | Additional copy is enclosed) S52.50 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 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

Articles of Amendment

to Articles of Incorporation of

| Foole No. | to/Stuc | tio Inc. | | |
|--|--------------------------|-------------------------------|---------------------|--------------------|
| (Name of Cor | poration as currently | filed with the Florida Dept | . of State) | |
| | 00029100 | | | |
| | | Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, its Articles of Incorporation: | Florida Statutes, this I | Torida Profit Corporation ac | lopts the following | ng amendment(s) to |
| A. If amending name, enter the new name of | the corporation: | | | |
| | | | | The new |
| name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," | "Corp," "Inc," or "C | Co". A professional corpore | | |
| B. Enter new principal office address, if apple (Principal office address MUST BE A STREE | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | | | TALLA | |
| D. If amending the registered agent and/or r | egistered office addr | ess in Florida, enter the nan | ne of the | LED 6 6 MIZ |
| new registered agent and/or the new regis | | | | 32 |
| Name of New Registered Agent | | | | - |
| | (Florida stre | vet address) | | _ |
| New Registered Office Address: | | | , Florida | |
| | | (City) | | Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a | | | s of the position. | _ |
| | Signature of New Re | egistered 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: | e, ana sany smi | m, or us an audi | |
|----------------------------|------------------------|------------------|---|
| X Change | <u>PT</u> <u>John</u> | Doe | |
| X Remove | <u>V</u> <u>Mike</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | <u>/ Smith</u> | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | VP | Eva Defaus | 941 SMilitary Trai Unit F-1 West Palm Beach, FL3: |
| Add | | | Unif F-1 |
| Remove | | | West Kalm Beach, FL 3: |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) |
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| fun amandmant providue for an ayeb | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer | ndment if not contained in the amendment itself: |
| | |
| (if not applicable, indicate N/A) | |

| , if other than the |
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| e will not be listed as the |
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